Needs Assessment

December 2011

Submitted by Janice M. Haker, Director

Georgia Head Start State Collaboration Office

Bright from the Start: Georgia Department of Early Care and Learning

Georgia Head Start Association Needs Assessment

December 2011

INTRODUCTION

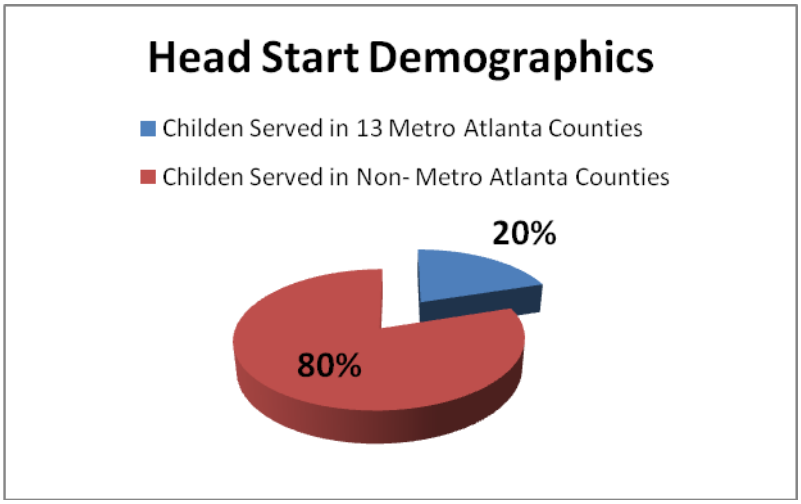
The Head Start Act (as amended December 12, 2007) requires each Head Start Collaboration Office (HSSCS) to conduct a needs assessment of Head Start and Early Head Start grantees. The assessment must include areas of coordination, collaboration, alignment of services, and alignment of curriculum and assessments used in Head Start programs with the Head Start Performance Standards, the Head Start Child Outcomes Framework and, as appropriate, Georgia Early Learning Standards.

The purpose of the Needs Assessment is to develop a strategic plan for Head Start in Georgia that will best serve and support the interests of Head Start. The shared goal is to promote grantee's success in serving our children and families. The Head Start Needs Assessment Survey Template developed by a national work group coordinated by the Office of Head Start was used. Some revisions were made in order to meet the unique needs of Head Start in Georgia. Additionally, the priority area work groups, which are ad hoc groups of the Georgia Head Start Association (GHSA, reviewed and revised each section to reflect the on-going work in each priority area.

The Georgia Head Start Needs Assessment is organized around the HSSCO national priorities and additional content areas as required by the Head Start Act of 2007 and includes Head Start/Pre-K partnership development.

Head Start in Georgia

Georgia has a total of 31 Head Start Grantees. Of these grantees, 11 have only Head Start Programs, three grantees only serve Early Head Start, and 21 have both Head Start and Early Head Start programs. There is one Migrant Head Start. There are no American Indian/Alaskan Native programs located in Georgia. Approximately 20% of the 28,100 children served in Georgia Head Start programs are located in the 13 Metro Atlanta Counties.



Participating Grantees

Baldwin County Board of Education Early Learning Center

Burke County Board of Education Early Head Start

Central Savannah River, EOA, Inc.

Clarke County School District Office of Early Learning, Early Head Start & Head Start

Clayton County CSA, Inc.

Coastal Georgia Area CAA, Inc.

Coastal Plain area EOA, Inc.

Community Action for Improvement, Inc.

Concerted Services, Inc.

Easter Seals of North Georgia

Emanuel County Board of Education Early Head Start Program

EOA for Savannah Chatham County Area

Family Resource Agency, Inc

Fort Valley State University

Hancock County Board of Education

Jasper County Board of Education

Macon-Bibb County EOC, Inc.

McIntosh Trail Early Childhood Development Council, Inc.

Middle Georgia CAA, Inc.

Ninth District Opportunity, Inc.

Partnership for Community Action, Inc.

Putnam County Board of Education

Randolph County Board of Education

REACH Services, Inc.

Sheltering Arms Early Education and Family Centers

Southwest Georgia CAC, Inc.

Tallatoona ACP, Inc.

Telamon Corporation Migrant Head Start Program

Washington County NB & PW Club, Inc.

Overview of the Process

The Georgia Head Start Needs Assessment was distributed to Georgia Head Start directors through survey monkey beginning November 15, 2011. Prior to the survey process, the survey was distributed as an electronic file so that the directors could work with their staff in consolidating responses. The survey completion ending date was December 12, 2011. Twenty-nine out of 31 Georgia Head Start Grantees (94%) responded to the survey. Two grantees did not complete the survey, leaving 94% of the surveys received completed.

The Georgia Head Start Collaboration Office used the format constructed by the Collaboration Committee in October 2011. It should be noted that, in the Child Care Section, Georgia does not have publically funded Pre-K. This section was removed to eliminate confusion. Additionally, please note that Georgia has no American Indian or Alaskan Native grantees. Those questions will be answered that there is no collaboration and should not be misconstrued that this is a deficiency.

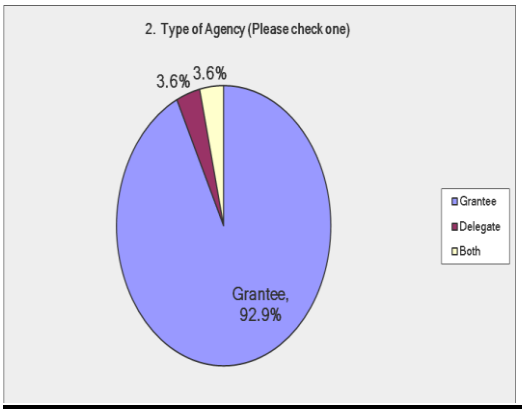
This document is organized by each priority area. Each area contains a graph of the responses and a bulleted list of comments for each section. Appendix 1 is the actual survey with responses. There is work to be accomplished in each area as Georgia Head Start strives to provide high quality services.

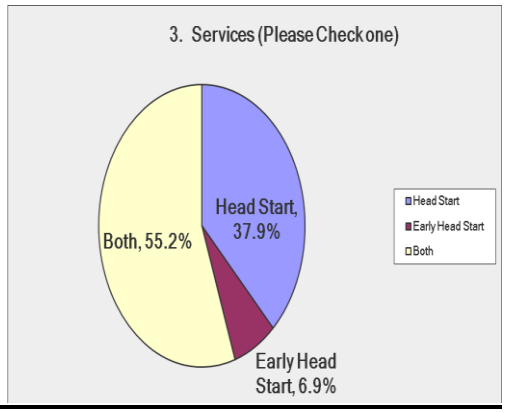
The Georgia Head Start Association has working committees in each priority area. These committees meet at each association meeting in order to review the information generated through this assessment

and to update the Georgia Head Start Strategic Plan. This makes the Georgia Head Start Strategic Plan a working document that is regularly and thoughtfully revised.

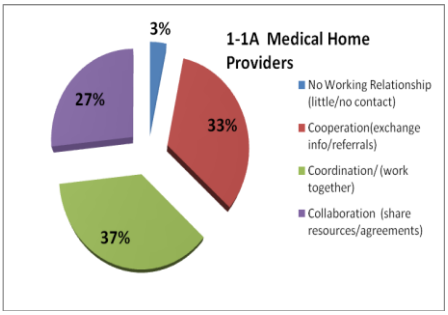
The needs assessment report is then distributed to all Head Start Directors and is placed on the Head Start page of the Bright from the Start: Georgia Department of Early Care and Learning web site, www.decal.ga.gov.

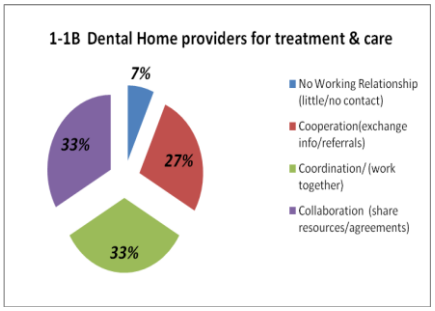
The following information represents the results of the survey. Percentages are rounded to the nearest whole number. Appendix 1 represents survey that was disseminated through survey monkey.

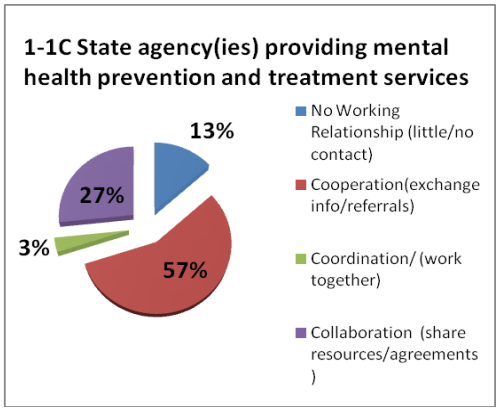


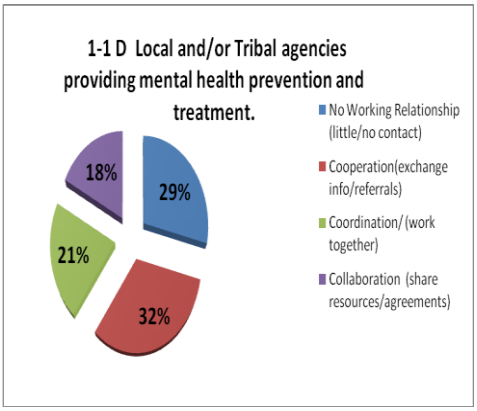


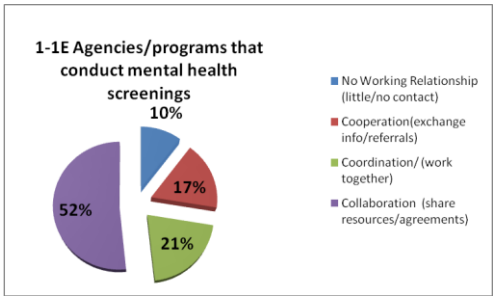
1. Health Care

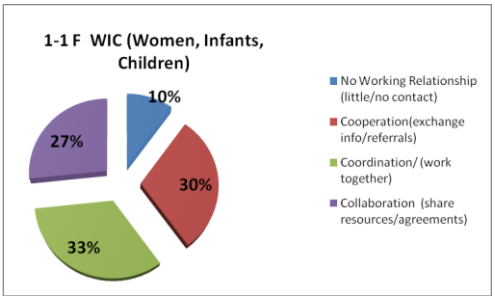


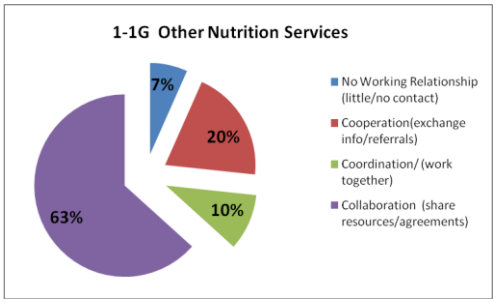


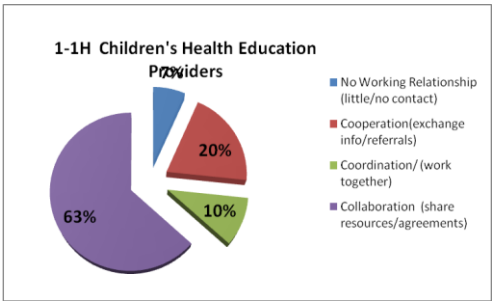

1-1C State agency(ies) providing mental health prevention and treatment services
13%
27%
3%
57%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

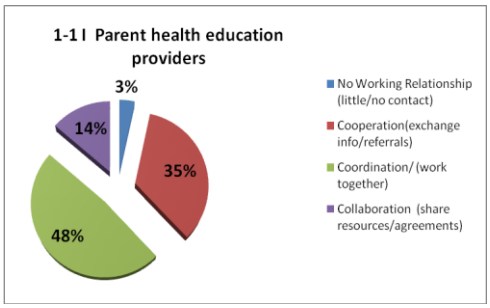

1-1 D Local and/or Tribal agencies providing mental health prevention and treatment.
18%
29%
21%
32%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

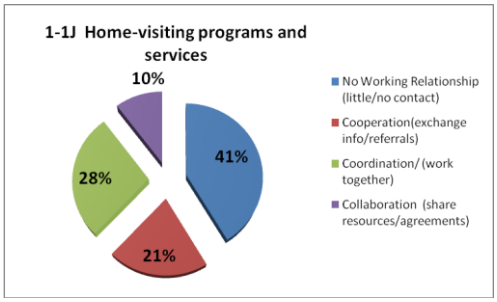

1-1E Agencies/programs that conduct mental health screenings
10%
17%
52%
21%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

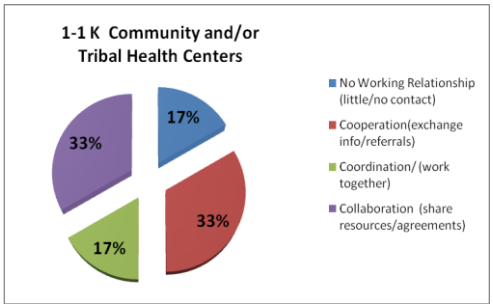

1-1 F WIC (Women, Infants, Children)
10%
27%
30%
33%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

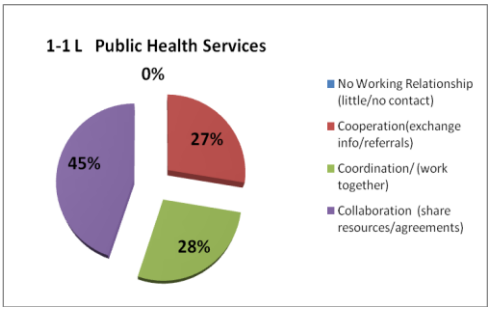

1-1G Other Nutrition Services
7%
20%
10%
63%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

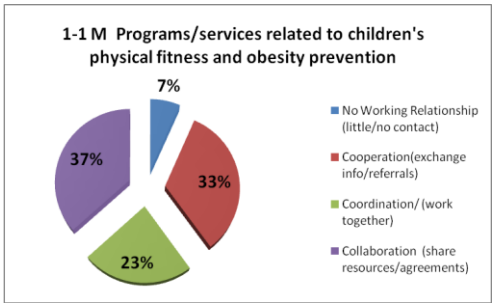

1-1H Children's Health Education Providers
7%
20%
10%
63%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

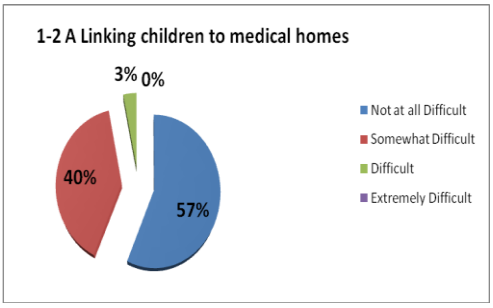

1-1 I Parent health education providers
3%
14%
35%
48%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

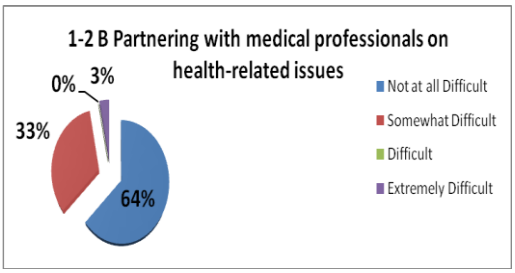

1-1J Home-visiting programs and services
10%
41%
28%
21%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

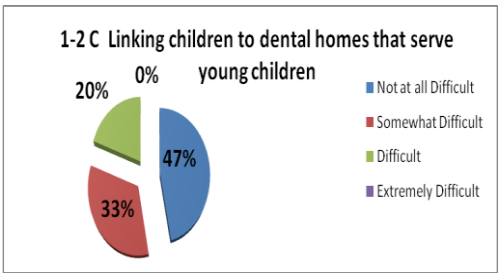

1-1 K Community and/or Tribal Health Centers
17%
33%
17%
33%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

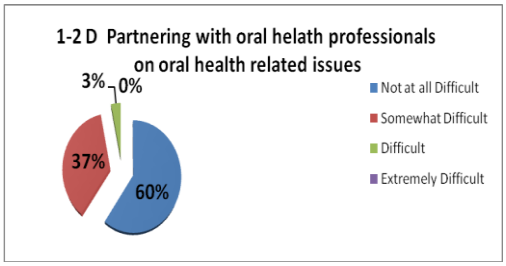

1-1 L Public Health Services
0%
27%
45%
28%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

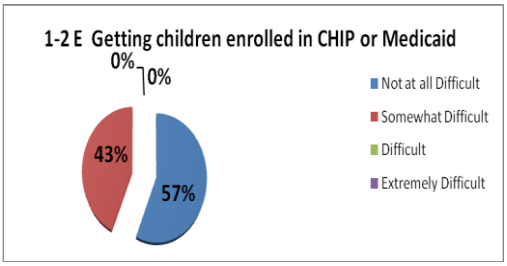

1-1 M Programs/services related to children's physical fitness and obesity prevention
7%
37%
33%
23%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

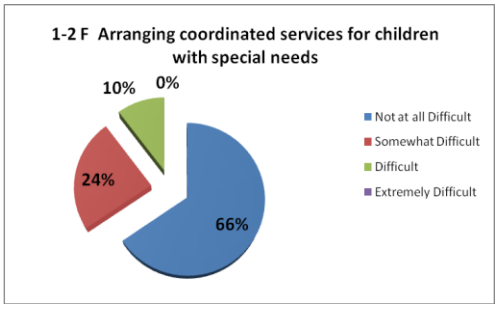

1-2 A Linking children to medical homes
3%
0%
40%
57%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult

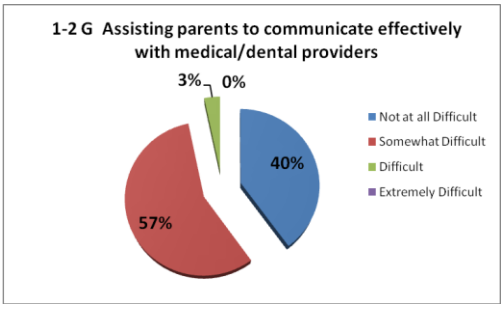

1-2 B Partnering with medical professionals on health-related issues
0%
3%
33%
64%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult

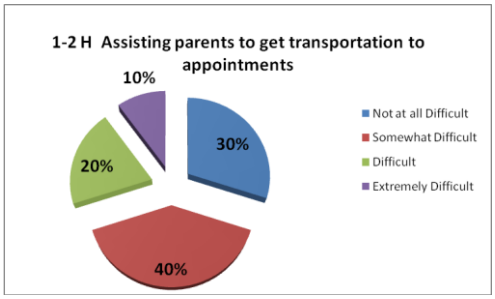

1-2 C Linking children to dental homes that serve young children
20%
0%
47%
33%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult

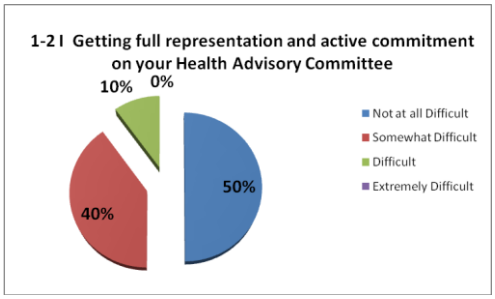

1-2 D Partnering with oral helath professionals on oral health related issues
3%
0%
37%
60%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult

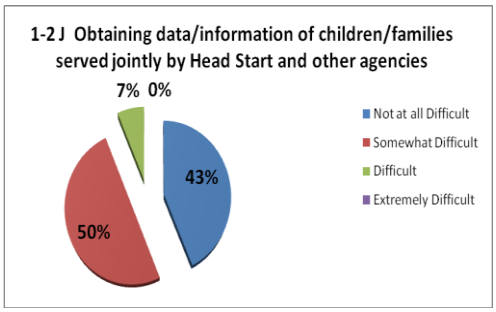

1-2 E Getting children enrolled in CHIP or Medicaid
0%
0%
43%
57%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult

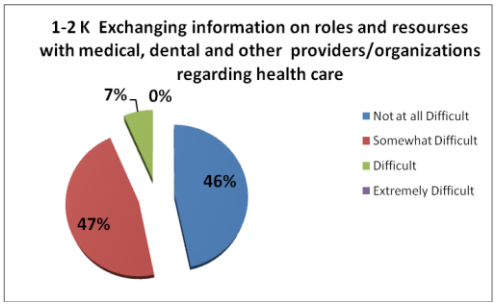

1-2 F Arranging coordinated services for children with special needs
10%
0%
24%
66%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult


1-2 G Assisting parents to communicate effectively with medical/dental providers
3%
0%
40%
57%
Not at all Difficult
Somewhat Difficult
Difficult
Extremely Difficult









1-3 Comments regarding other issues regarding health care for the children and families in your program:

- Rating for non-English speaking immigrants is difficult. Either the parent is afraid to apply; parent perceives that their child is not eligible; the parent perceives that, because of their status, their child is not eligible; Not eligible imigration status
- Rating for non-English speaking immigrants; Either the parent is afraid to apply; parent perceives that their child is not eligible; the parent perceives that, because of their status, their child is not eligible;
- Availability of local pediatric dental home provider
- Most providers do not have bilingual staff; finding providers that will accept Medicaid; finding local emergency providers that accept Medicaid
- Identifying oral helath professionals to do site visits; requalifying for Medicaid or Peachcare insurance and turn around time for approval
- Obtaining previous lead test results
- One area of concern is assisting families with transportation for follow up treatment with specialist in health and dental area
- Lack of pediatric dentists in rural areas
- Parents do not keep children's health care up to date, missing appointments , locating health care professionals that accept medicaid and see children younger than three.
- Parental participation and involvement
- Dental providers who won't take all types of medicaid available, i.e., Amerigroup, etc
- There is not an option for public transportation in the county and the distance from one location to another is quite far. The county is 400 square miles large and rural.

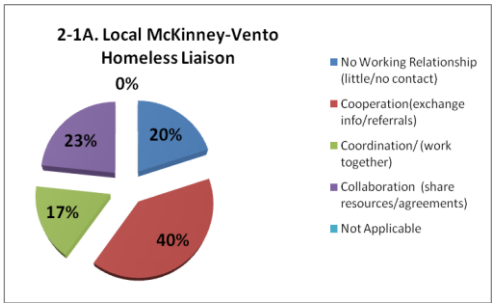
- The lack of options for parents in seeking dental care for children under five years and/or on Medicaid
- Medical reimbursement issues caused the health department to stop coming on-siteto do health screenings and shots
- Medical providers do not complete all required screenings on EPSDT exxams. Rural areas do not have many Medicaid/Chip providers. Lack of pediatric dentists.
- N/A

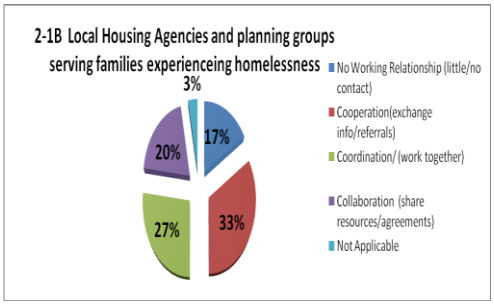
1-4 What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

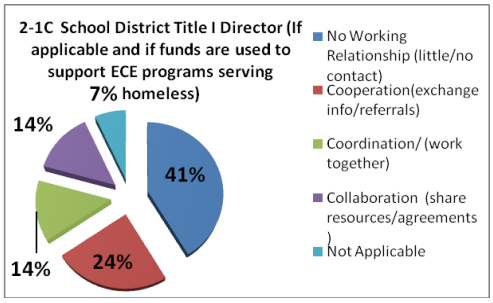
- Collaborative partnerships with local health care providers
- Managers from all service areas working with direct service staff. Health professionals on Policy Council. Partnership with University of Georgia College of Education; Health Promotions; Social Workers; Physical Education & Kinesiology Depts; Providing leadership development training to parents; Having a community wide strategic plan; Using technology (portable scanners, IPads)
- Managers from all service areas working with direct service staff. Health professionals on Policy Council. Partnership with University of Georgia College of Education; Health Promotions; Social Workers; Physical Education & Kinesiology Depts; Providing leadership development training to parents; Having a community wide strategic plan; Using technology (portable scanners, IPads)
- Strong Health Care Partnerships; Health Care Advisory Committees
- Pediatric representation on health advisory committee
- We have a System of Care through the Governor's Office for Children & Families at one of our sites that includes a Health Navigator employed by the Children's Healthcare of Atlanta and a very high level Advisory Committee We are also working with CDC Learn the Signs, Act Early. Also working with Children's Healthcare, Strong for Life, child obesity program
- We have a contracted dental provider who is a member of HESAC Committee
- We have a collaboration with Concerted Services Inc., on the HESAC Committee meetings to share resources, and contracted with an independent consultant to provide vision and hearing screenings
- The Collaboration between the program and a nursing program at the local university
- We obtain written permission to acquire children's health information from physicians
- Continued support and cooperation of local physicians, dentists, health department.
- GRITS coordination of information exchange
- Encouraging parents to obtain all of the medical and dental services before school starts; letting them know how important it is to insure their children are healthy
- The contracts with Health Departments and contracted dentists
- Collaboration efforts and partnership. Communicating on a regular basis
- We have partnered with Kool Smiles to provide a dental home for children
- Our partnerships and agreements with service provider is working well
- Personal relationships with local providers

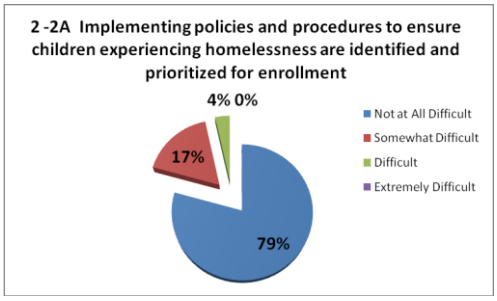
- Partnerships with local health department and other health/mental health agencies
- Gaining our immunization forms from parents. Collaboration with state/local health care providers
- We have contractual agreements with the public health departments and other health care providers. Our HSAC provides guidance, ideas and advise for dealing with the medical community
- Partnering with community health, especially regarding to meeting deadlines for lead screenings, dental, and physicals.

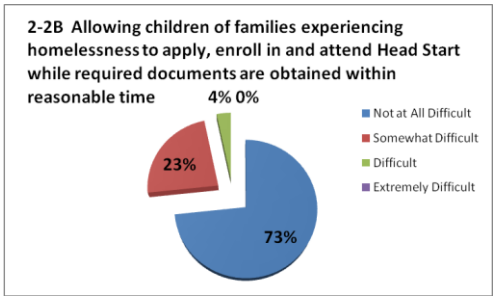
2. Services for Children Experiencing Homelessness

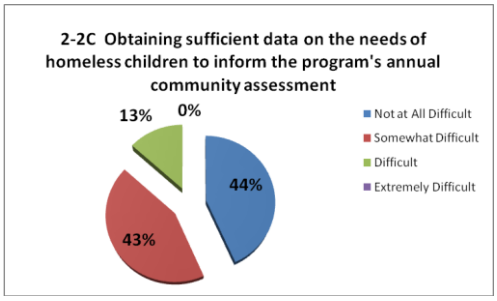


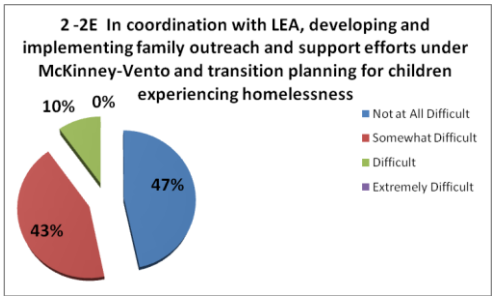












Comments:

- Rating is somewhat difficult on # 11.2B because staff perceive that if the family is homeless that they never have to attempt obtaining any documentation, even if the parent has the documentation; It is a training issue that is resolved through professional learning, ongoing monitoring, and ongoing communication with homeless education providers, shelters, and other agencies servicing homeless families.
- Relating true definition of homelessness to community partners
- Coordinated a joint meeting with all LEA homeless liaison from public schools to discuss issues and concerns.
- New homeless liasion for 2011-2012 has not collaborated with Head Start regarding homelessness.
- Local school system is fiscal agent for EHS.
- Not yet a problem in our communities.
- No actual data on homeless children ages 0-5 from agencies that provide shelter for homeless families. The county school system only keep data of children from elementary schools and up.

2.3 Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.

- Challenge: assisting families with criminal records and bad credit to find affordable housing; Clarke County is categorized as a housing stressed community; UGA students drive the price of housing up; Parents with felony convictions are unable to find employment or housing; Funding level for EHS/HS grants not high enough to keep highly qualified family services workers who have the professional preparation to manage services for families with the type of intense social services issues / mental health issues that families are experiencing.
- In Clarke County, many of the agencies and church operated programs serving homeless families are closing due to budget cuts; the shelters still in operation are out of space
- Some of the families experienceing homelness do not have birth certificates, social security cards, or immunizations.

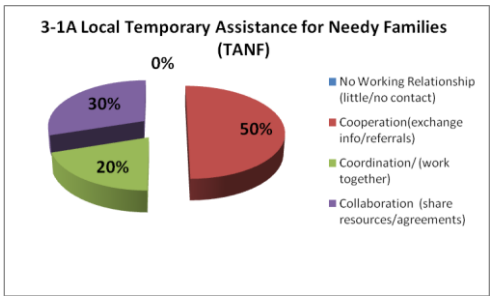
- Length of time allow to stay in shelters
- Families are not always forthcoming about being homeless.
- Identifying the specific school district that will serve a child with a potential special need.
- lack of housing resources and financial assistance resources
- Working well with local school systems
- The LEAs sometimes apply a more liberal interpretation of homelessness than we do.
- While we don't tend to have reportable homelessness issues, we are experiencing growing numbers of families struggling to afford rent and utilities. More and more families are being forced to change living locations. Since there is not much reportable homelessness in our county resources are limited for families in need of shelter.
- sometimes distance an issue with access to center and transportation
- There are no transitional homes in our area. There is no referral process from the shelter to head start center in place
- Often when families/children are identified, our program doesn't have an available slot to enroll the child.
- N/A

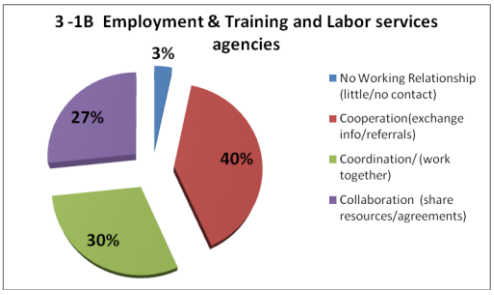
2.4 What is working well in efforts to address the housing needs of the children and families in your program expereincing homelessness? Which of these efforte do you think may be helpful to other programs?

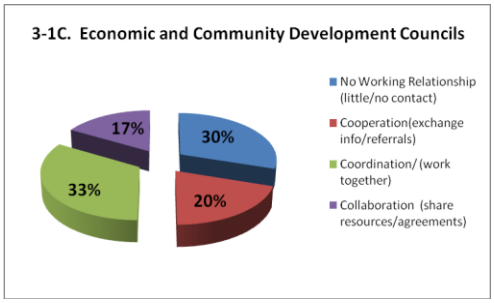
- Working closely with our Grantee Agency who provides transitional housing.
- Partnerships with the school district Homeless Education Program and homeless shelters are going well; In particular, partnerships with the school district Homeless Education Program social worker could benefit other programs. Benefits include: a referral source for EHS/HS children; Resources for EHS/HS homeless families from the HEP;
  EHS/HS partnerships with the local Housing Authority are going well;
- First, identifying the family needs during intake. Also, referring families to the different homeless shelters. Working with the family at intake.
- The fact that most of our centers are located on the MARTA transit lines is beneficial as well as the fact that we provide transportation in 5 of our 16 centers.
  Families are supported and assistance offered in securing employment while the children are in our care.
- Our collaboration with Department and Children Services and local churches has increase our ability to reach families experiencing homelessness.
- Collaboration with the local DFACS
- The partnerships with the local school systems.

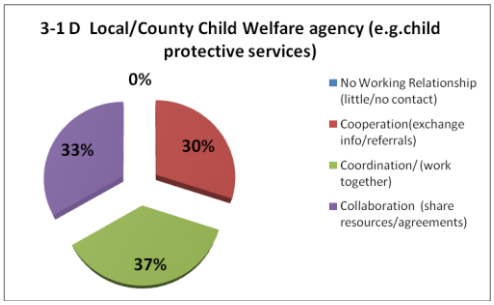
- Referrals to local agencies, such as Habitat for Humanity.
- The LEA homeless liaison conducts staff training for our program.
- Relationship with family shelters in area so referrals come.
- Local partnerships
- Our Family Service Workers constantly refer homeless families to other agencies for assistance.

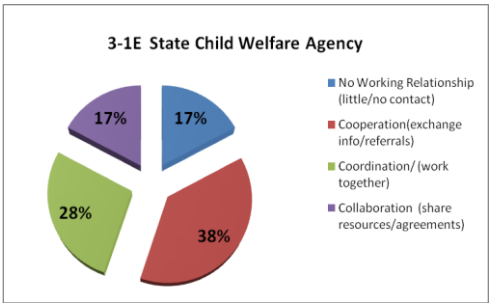
3. Welfare/Child Welfare

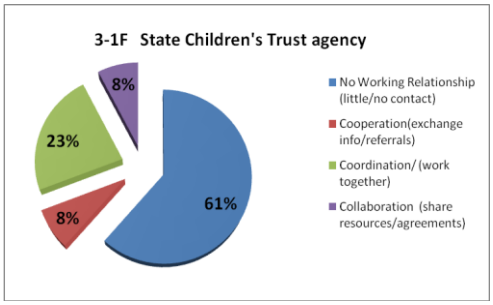


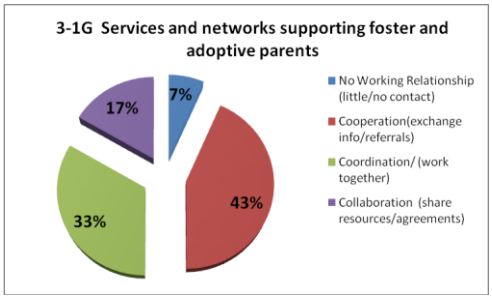


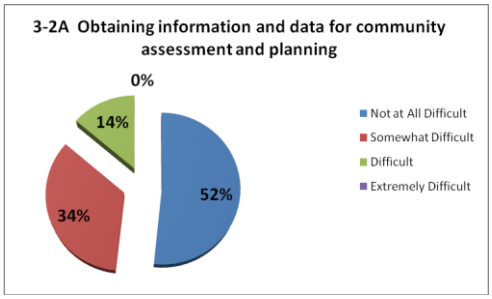


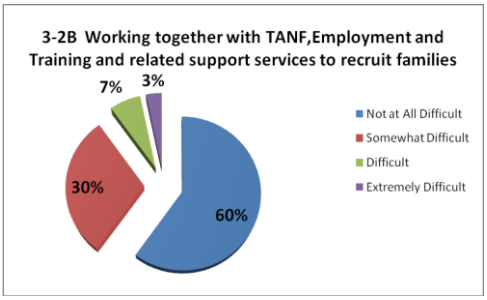


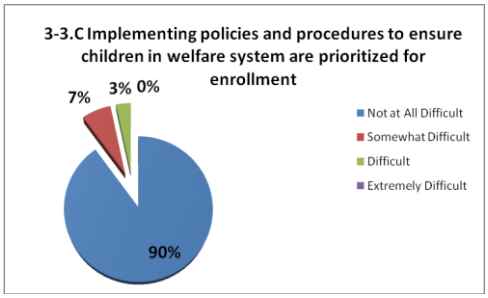


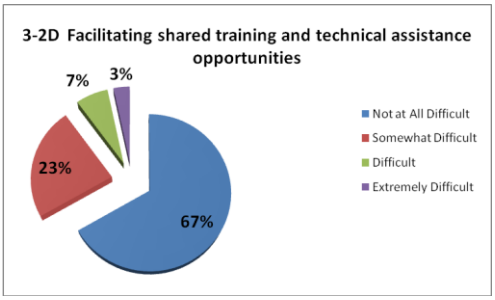


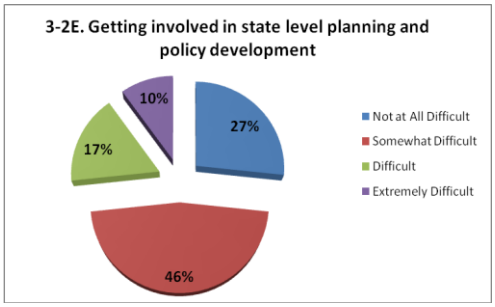

3-1G Services and networks supporting foster and adoptive parents
7%
43%
33%
17%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

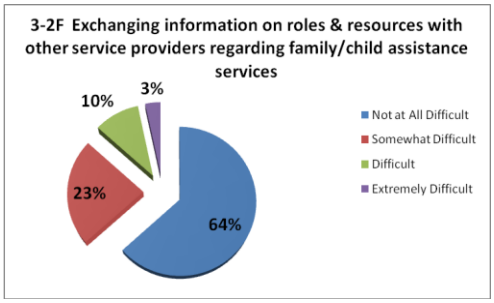

3-2A Obtaining information and data for community assessment and planning
0%
14%
52%
34%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


3-2B Working together with TANF,Employment and Training and related support services to recruit families
7%
3%
30%
60%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


3-3.C Implementing policies and procedures to ensure children in welfare system are prioritized for enrollment
7%
3%
0%
90%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


3-2D Facilitating shared training and technical assistance opportunities
7%
3%
23%
67%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


3-2E. Getting involved in state level planning and policy development
10%
27%
17%
46%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


3-2F Exchanging information on roles & resources with other service providers regarding family/child assistance services
10%
3%
23%
64%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

3.3 Describe any other issues you may have regarding the welfare/childwelfare (family assistance) needs of the chiodren and families in your program.

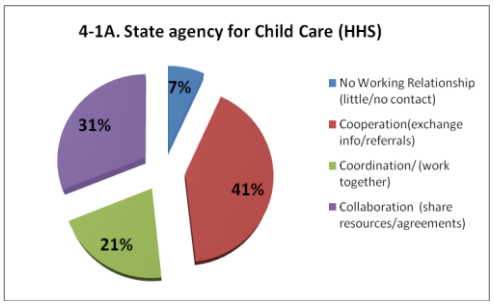
- State and County Departments need more staff; The Department of Technical and Adult Education Fatherhood Program was cut statewide and needs to be re-instated.
- State and County Departments need more staff; The Department of Technical and Adult Education Fatherhood Program was cut statewide and needs to be re-instated.
- Each county works autonomous and so things are not always the same from county to county.
- Lack of bilingual staff at the local DFACS offices to assist families, applications are computerized and some families are not familiar with technology, and families are often times charged for assistance.
- Lack of transportation.
- Lack of transitional housing.
- Lack of job opportunities in rural south Georgia. Benefits running out for many parents.
- Cuts in assistance programs have adversely affected assistance to families.
- Need to work closely with United Way for services for the homeless, lack of jobs.
- There is a lack of services in close proximity to families in rural areas.

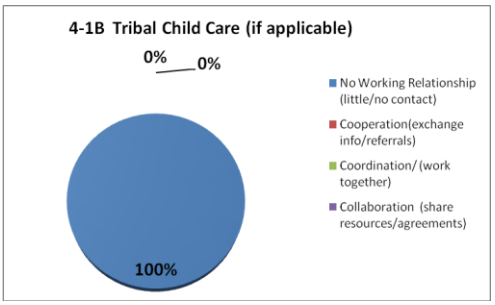
3.4. What is workimg well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program? Which of these efforts do you think might be helpful to other programs?

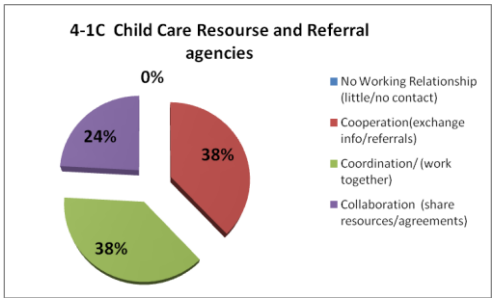
- The Clarke County School District Office of Early Learning provides space to the DFCS TANF Job Readiness Program. Every two weeks a new group of TANF recipients come to the Office of Early Learning for their job readiness training; the EHS/HS recruitment staff meet with new TANF recipients and recruit them into EHS/HS; All EHS/HS enrolled parents are able to attend the job readiness class in exchange for the space being provided to the TANF program. The local Department of Child Support Services serves on the EHS/HS Parent Leadership Committee and brings fathers with child support cases as parent volunteers / parent leaders; these fathers along with other parents in the community, other community members, and EHS/HS parents work together to plan parent training / recruitment events / parent activity fund events.
- Frequent communication and interaction with the family. Also, home visits are very helpful in observing families in their natural environment. Families share more family information in their own environment.

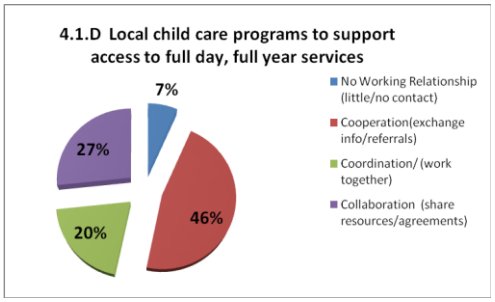
- Participating in the GA Strengthening Families Leadership team; use of Family Team Meetings at one site that includes the DFCS caseworkers; we have a partnership with the Center for Working Families at one site.
- Bilingual staff at the centers that are able to assist families and computer access.
- Collaboration with LEA's and other County services for children with disabilities.
- Collaboration with other agency Family Support services to provide comprehensive care.
- Collaborations with local/state agencies increasing the availability of professional development & parent training opportunities to support children & families. Availability of resources to provide families.

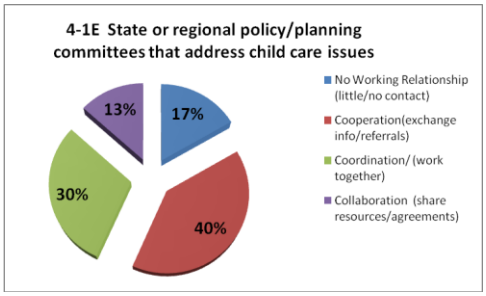
3. Child Care

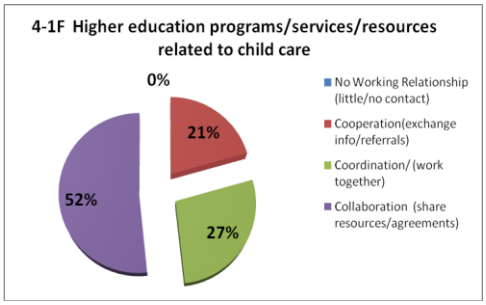


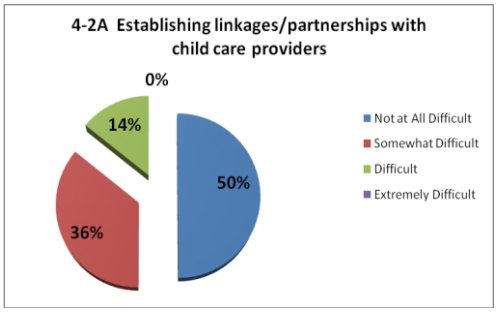


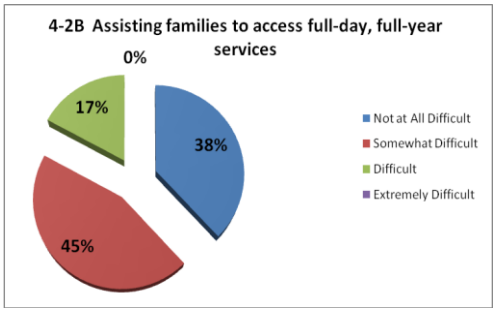


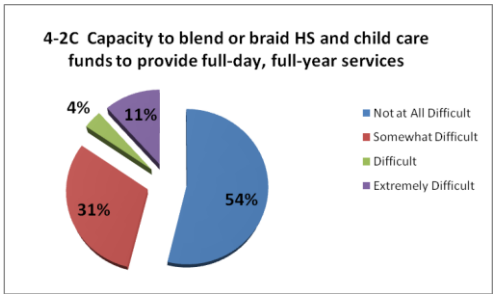


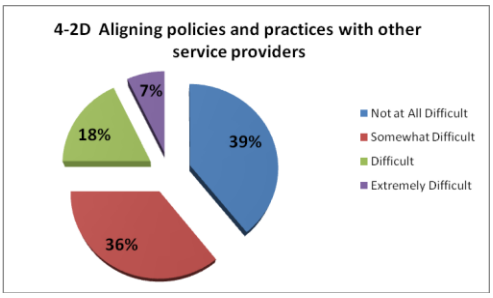


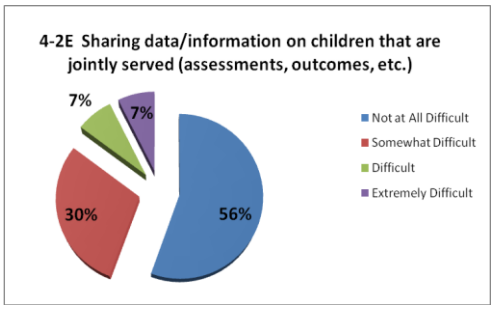


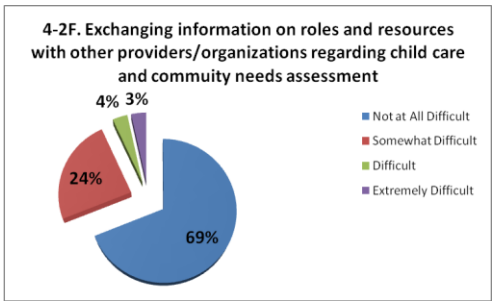












4.3 Please describe any other issues you may have regarding access to child care services and resources.

- Pre-K attendance requirements are different and times frighten Head Start parents.
- Child and Parent Services child care subsidies have been frozen for over a year in Clarke County; Clarke County is the poorest county in the Nation for populations of 100,000 or more; The Office of Early Learning is only able to serve 14% of the population of children under age five with current funding; This figure does not include expectant women; Expansion of EHS/HS services is needed. Vertical alignment of school readiness goals and resources between daycare centers and school districts is needed so that all children enter K ready to learn. Private

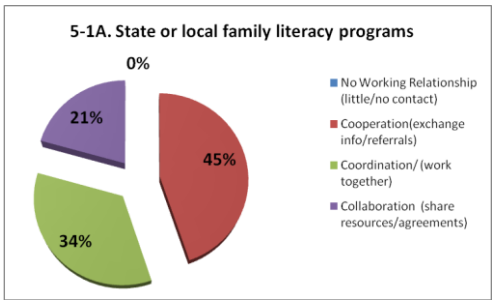
daycare centers need assistance with professional learning, instructional resources, and interventions.

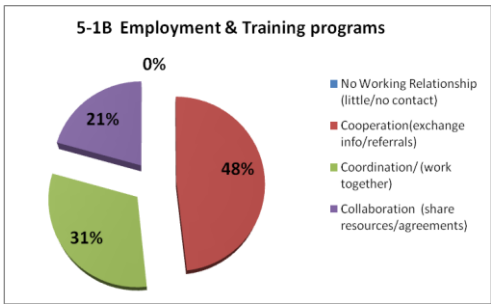
- Blending childcare funds for full-day-full-year child care service.
- Lack of bilingual staff of providers, lack of understanding of the unique needs of the population we serve and of our Performance Standards. Lack of transportation for providers. Head Start calendar does not coincide with the school systems.
- Funding for childcare assistance.
- Our program (and county) has significant numbers of children on waiting lists for preschool programs. Our HS program does not operate a full year program, leaving children with no programming during the summers.
- We do not partner with child care to serve EHS children.

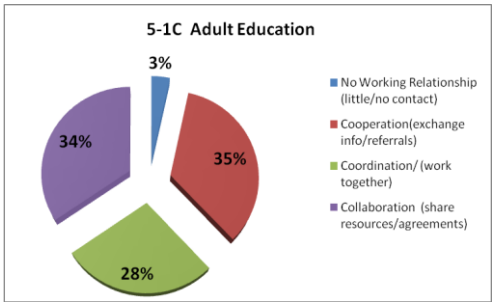
4.4 What is working well in your efforts to address the child care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

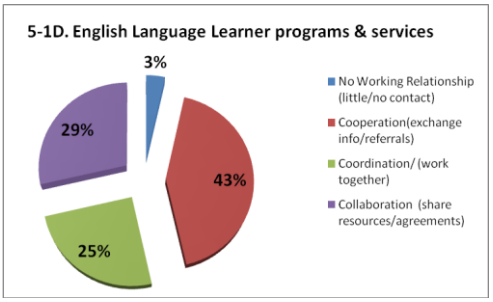
- Clarke County was one of 20 communities awarded the Department of Education Promise Neighborhood grant. The local planning initiative is called Whatever It Takes and is administered through the Athens-Clarke Family Connection Partnership- Communities in Schools. The Whatever It Takes initiative created a community plan for children so that by 2020 all children will be on track for a post secondary education.
- We have strong community partnerships.
- We have blended child care program with Early and Head Start at each site and 17 blended Pre-K/HS classrooms.
- Collaboration with HESAC members, continued education for our community partners and LEAs on the services that we provide and on the population that we serve, and collaboration with other Head Start programs.
- We have established solid, working relationships with other entities throughout the counties we serve. This has allowed us to create a network of services to be able to address the childcare needs of our population.
- Local child care centers that offer transportation work well with our Head Start centers concerning transportation for children that receive before and after care at these child care centers.
- Enrolling early/preschool age children within HS. Making sure siblings have access to the education and other services same as other children.
- Collaboration with other agencies.
- Collaboration with child care programs.
- Community Partnerships

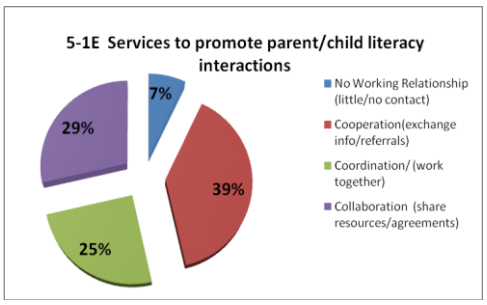
5. Family Literacy Services

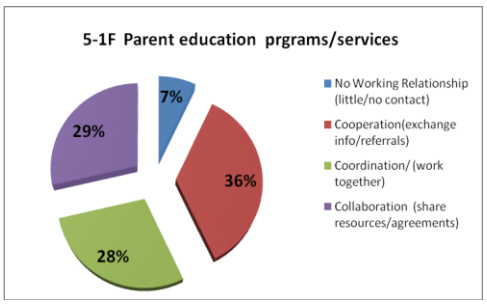


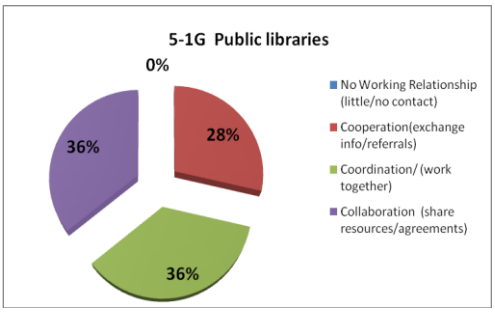


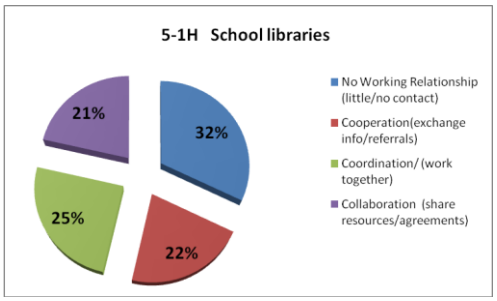


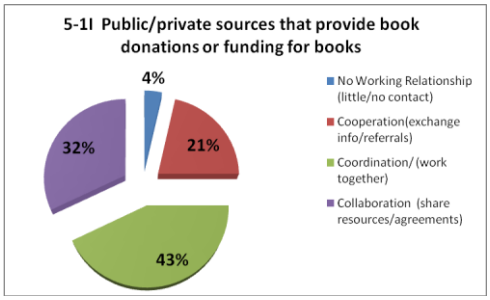


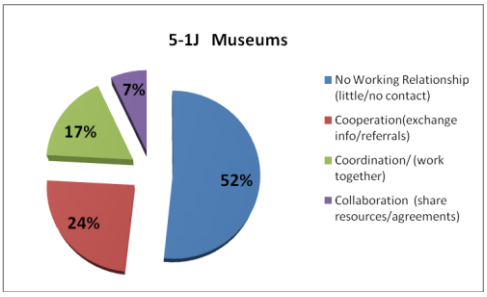


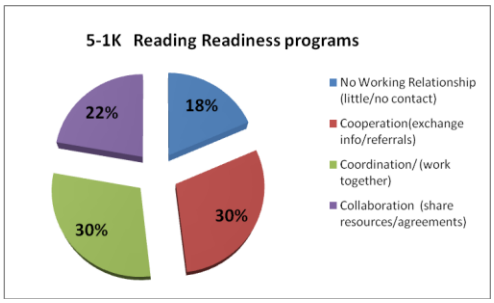


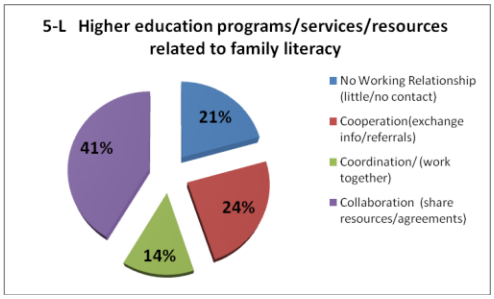


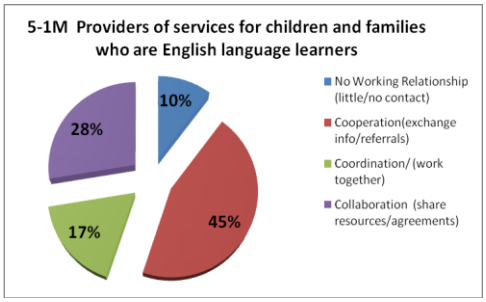


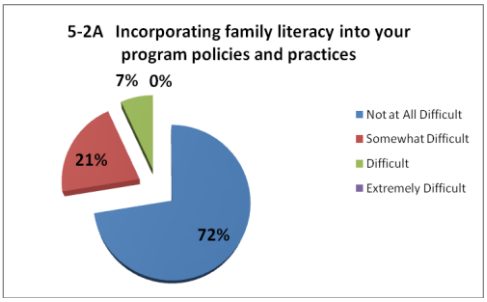

5-1I Public/private sources that provide book donations or funding for books
4%
21%
43%
32%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

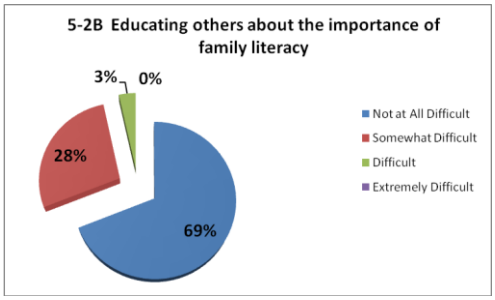

5-1J Museums
7%
17%
52%
24%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

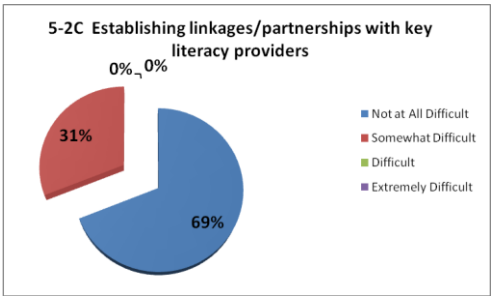

5-1K Reading Readiness programs
22%
18%
30%
30%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

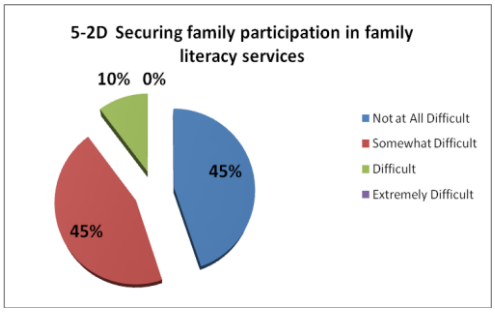

5-L Higher education programs/services/resources related to family literacy
21%
41%
24%
14%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

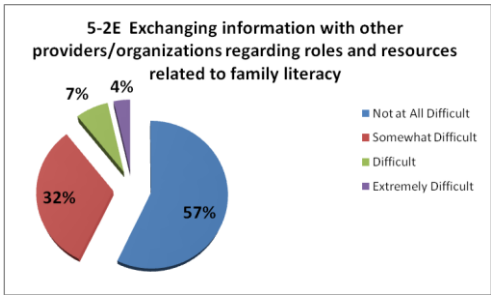

5-1M Providers of services for children and families who are English language learners
10%
28%
45%
17%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)


5-2A Incorporating family literacy into your program policies and practices
7%
0%
21%
72%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


5-2B Educating others about the importance of family literacy
3%
0%
28%
69%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


5-2C Establishing linkages/partnerships with key literacy providers
0%
0%
31%
69%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult





5.3 Please describe any other issues you may have regarding family literacy services and resources.

- The Even Start Family Literacy Program was cut nationally and since then funding has not been available for comprehensive family literacy programs; Again, Child and Parent Services Child Care Subsidies have been frozen for over a year; Parents are unable to meet their adult education goals because they do not have affordable child care or do not have access to child care.
- Having literacy information in both Spanish and English, making time for parents to attend the English As A Second Language and GED classes.
- We are able to access the public library but due budget restraints it is not available daily.
- The Reading Is Fundamental federal funding has been discontinued as of 12/31/11.
- Financial support for the literacy program, developing a literacy program that works well with the child and family.
- Motivating families to attend training events.

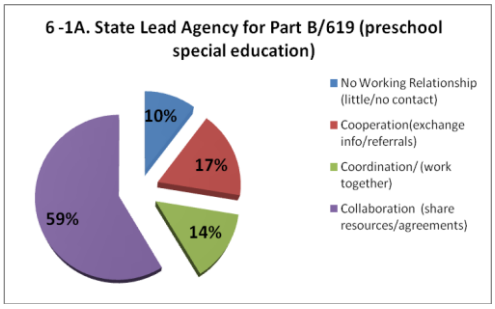
5.4 What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

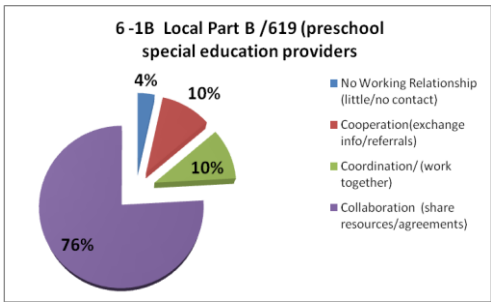
- We have at least three (3) on site Adult Education Programs.
- Local community support of early learning needs is going well: In 2006, voters approved to renew an Education Special Local Optional Sales Tax and in addition, obtained grant funding for a $20 million dollar renovation of a multipurpose campus which included a 47,000 ft2 Early Learning Center (ELC) with a 27,000ft2 accessible outdoor learning environment. The ELC houses the administrative and support personnel for the OEL grant programs (Preschool Special Education, Pre-K, Early Reading First, Early Head Start, and Head Start). The ELC also functions as a central intake site for Clarke County families seeking early childhood education services (birth – five), as well as a preschool which contains 9 classrooms serving approximately 130 children (5 pre-k classrooms, 3

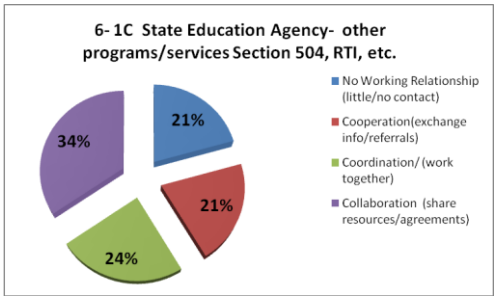
preschool special education self contained classrooms, 1 infant toddler classroom) and 94 home based children and expectant women. The campus redesign includes three other buildings that house one stop family enrichment services such as the Athens Technical College GED, English as a Second Language classes, Department of Family and Children Services TANF Job Readiness classes, University of Georgia Professional Development School, a Charter Career Academy, Classic City High School Performance Learning Center, Boys and Girls Club, Family Connection-Communities in Schools-Promise Neighborhood offices, as well as satellite office and meeting space for other community agencies.

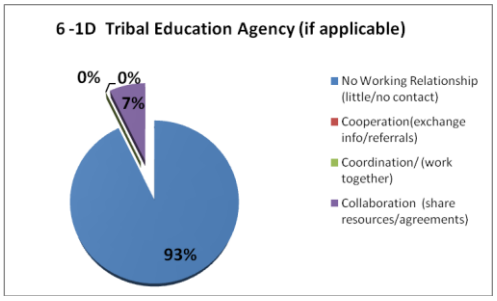
- Working with families to obtain their GED.
- Participating in Early Reading First.
- Providing trainings at the centers and having Ingles Sin Barreras available at the centers.
- Establishing lending librares in the Centers. Participating with the Reading is Fundamental Program (RIF).
- Lending library that consists of literacy literature, GED book, and children's books.
- Collaboration and communication with families, communities, local schools and university in our counties.
- Participating in Ferst Book.
- Take home resources.
- Community Libraries representative attend parent meeting, provides training for parents and provided schedules.

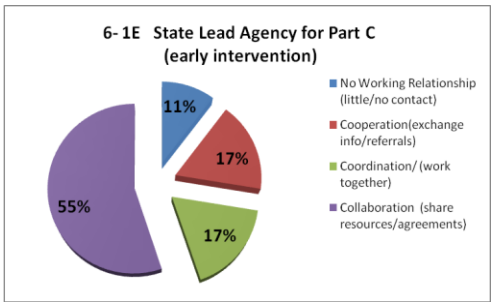
6. Services for Children with Disabilities

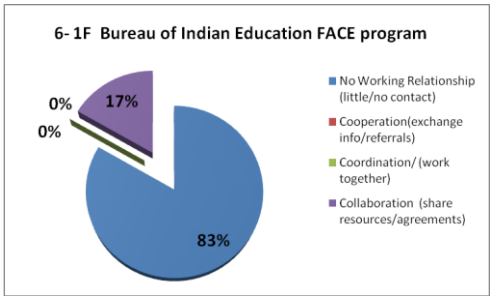


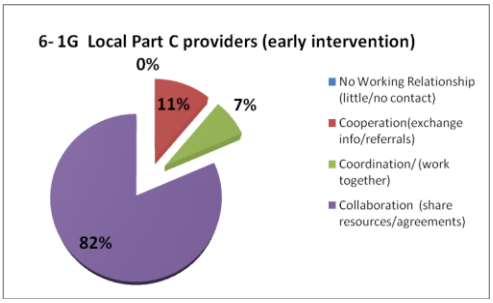


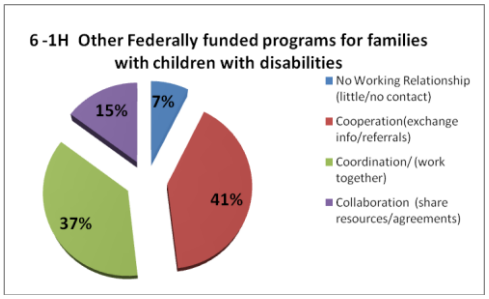

6- 1C State Education Agency- other programs/services Section 504, RTI, etc.
21%
21%
24%
34%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

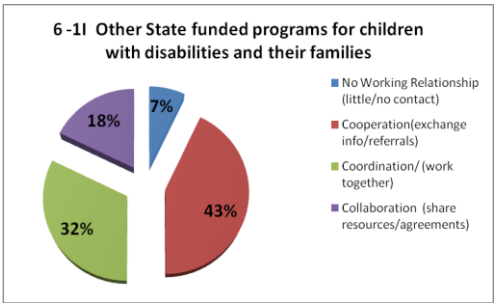

6 -1D Tribal Education Agency (if applicable)
0%
0%
7%
93%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

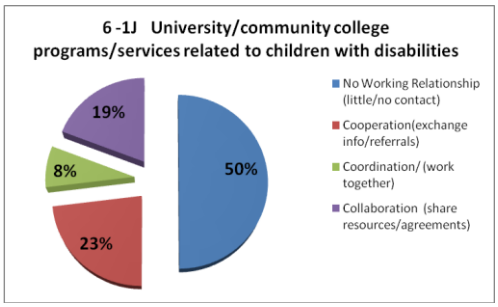

6- 1E State Lead Agency for Part C (early intervention)
11%
17%
17%
55%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

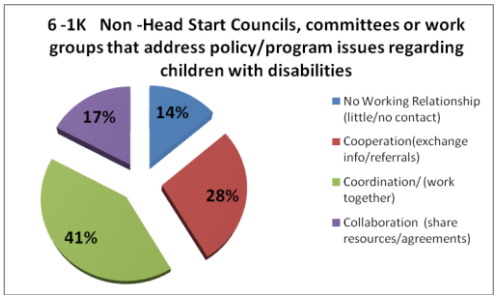

6- 1F Bureau of Indian Education FACE program
0%
0%
17%
83%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

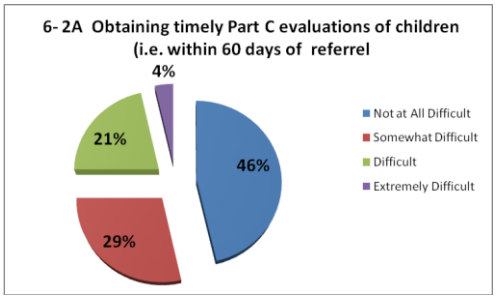

6- 1G Local Part C providers (early intervention)
0%
11%
7%
82%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

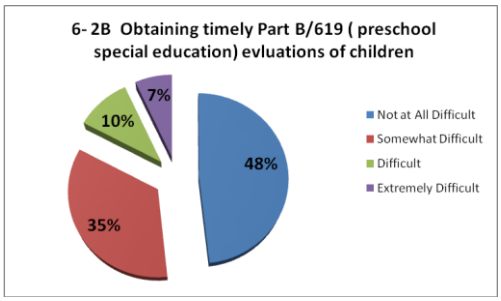

6 -1H Other Federally funded programs for families with children with disabilities
15%
7%
41%
37%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

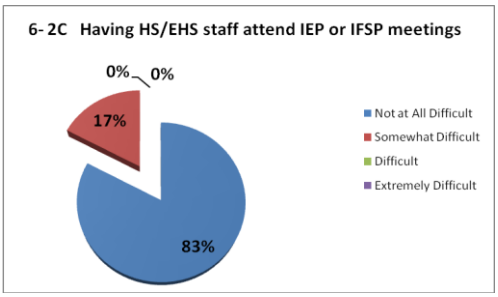

6 -1I Other State funded programs for children with disabilities and their families
18%
7%
43%
32%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

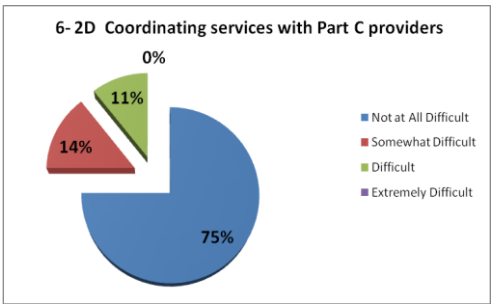

6 -1J University/community college programs/services related to children with disabilities
19%
8%
50%
23%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

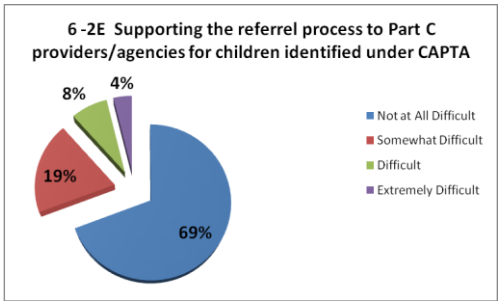

6 -1K Non -Head Start Councils, committees or work groups that address policy/program issues regarding children with disabilities
17%
14%
28%
41%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

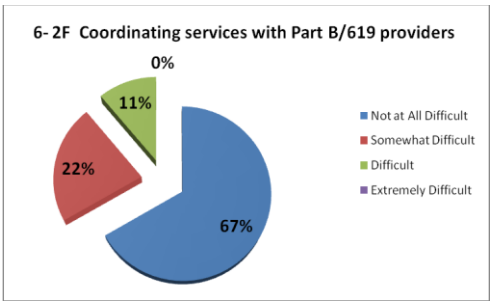

6- 2A Obtaining timely Part C evaluations of children (i.e. within 60 days of referrel
4%
21%
46%
29%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

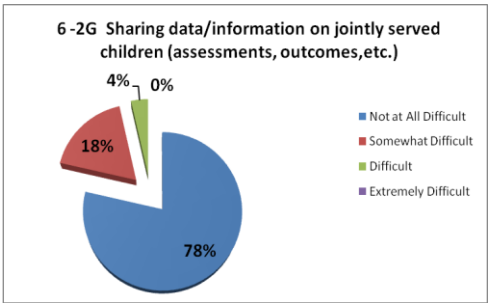

6- 2B Obtaining timely Part B/619 (preschool special education) evluations of children
7%
10%
48%
35%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

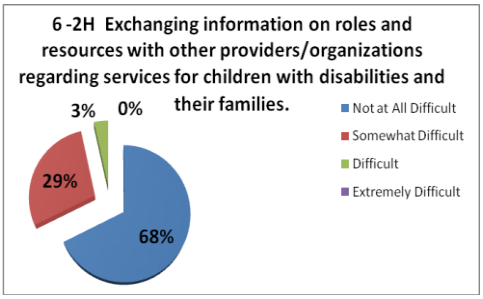

6- 2C Having HS/EHS staff attend IEP or IFSP meetings
0%
0%
17%
83%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

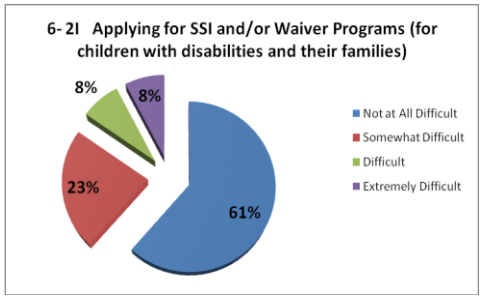

6- 2D Coordinating services with Part C providers
0%
11%
14%
75%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


6 -2E Supporting the referrel process to Part C providers/agencies for children identified under CAPTA
8%
4%
19%
69%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


6- 2F Coordinating services with Part B/619 providers
0%
11%
22%
67%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult


6 -2G Sharing data/information on jointly served children (assessments, outcomes,etc.)
4%
0%
18%
78%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult





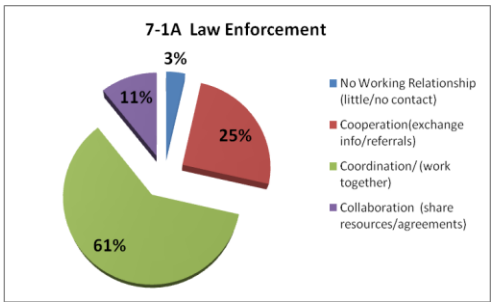
6 -3. Please describe any other issues you may have regarding services for children with disabilities and their families.

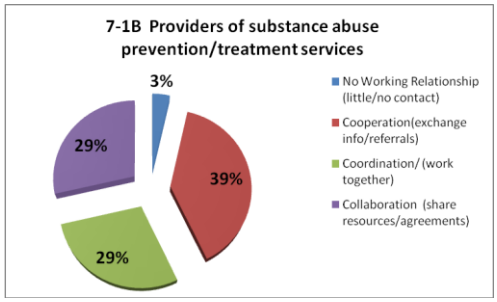
- The Response To Intervention Process (RTI) is too lengthly; the time frame from one Tier to the next.
- Part C provider funding has been cut which causes the coordination of services to be difficult.
- RTI process too long; some LEA's place HS children on back burner.
- Migrant Head Start's calendar does not coincide with the school system's calendar, children do not always stay in one area during the entire RTI process, the service area that we serve is covered by more than on BCW agency with makes it difficult to determine which BCW agency will serve the child.
- Parents do not fully understand process after process is explained. Parents may not follow-up on potential services. Communication between Part C provider is not always consistant.
- Execution of RTI services.
- RTI progress.
- Only have one Part B agency accepting the referral data but will not accept the parent consent from Head Start.
- We need continued referrals throughout the year (to maintain 10%) from Part B & C.
- There is difficulty in providing the least restrictive environment while maintaining necessary services for children with disabilities. While we meet the minimum requirements with the fiscal resources provided by state an federal agencies, more funding is need to render services that could be critical in closing achievement gaps and preparing preschoolers to be school ready. The minimum is not enough, especially in the area of speech and language pathology.

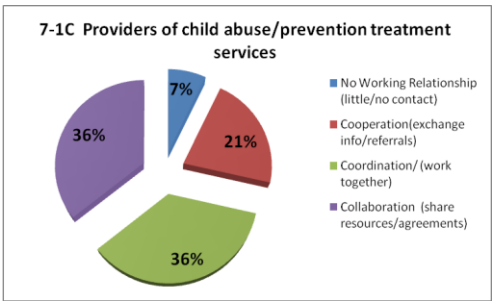
6-4. What is working well in your efforts to address the needs of children with disabilities in your progrma? Which of these efforts do you think may be helpful to other programs?

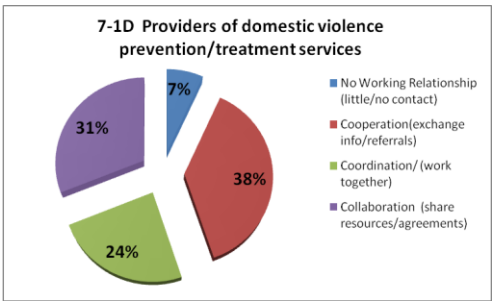
- Keeping a working relationship with the LEA staff and contracting with an outside Speech Therapist to assist with the Tier II and III RTI Process.
- Collaboration with preschool special education is going well; the Head Start Three Year Old and Four Year Old classrooms are co-taught PSPED / HS collaborations. PSPED teachers and paraprofessionals co-teach classrooms with the HS teacher and teacher assistant. The grantee is the LEA.
- onsite screenings, committtee memberships
- Collaboration/relationship with both LEA and BCW, parent word of mouth.
- Collaborating with Local LEA to offer inclusion services to preschool children. Establish relationship with local LEA/Part B provider to ensure services to children.
- Establishing positive relationships with our LEA's.
  In one county, staff of the LEA is housed at our center.
- The Grantee for this Head Start Program is the LEA of this community. Working relationships have been established and the Head Start Program share in decision making for Special Educaiton Services for preschool services.
- The good rapport with the seven different centers.
- Obtaining Contracts and MOU's helps tremendously with the process of serving children with disabilities.
- Good relationship with Part B & C providers.
- On-site Part C service coordinators work well with all EHS staff.
- LEA staff on -stite to provide timely screenings intervention services for children in the program.

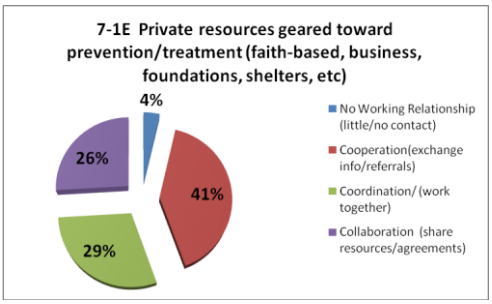
7. Community Services

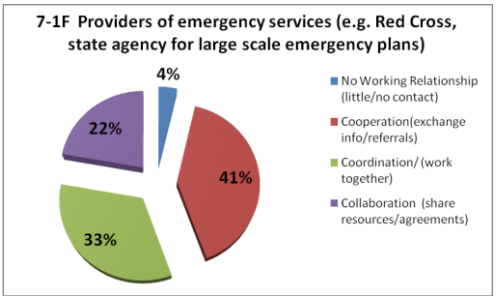


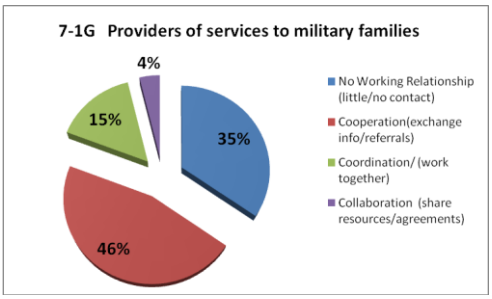


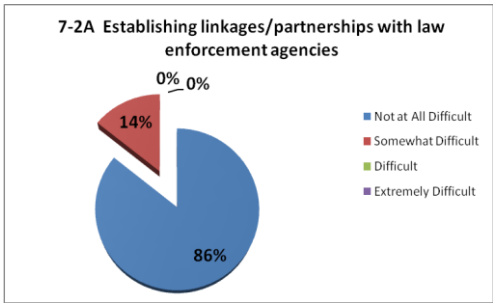

7-1C Providers of child abuse/prevention treatment services
7%
21%
36%
36%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

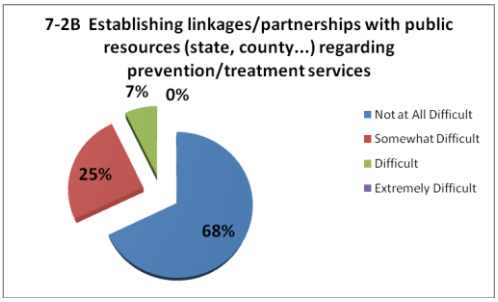

7-1D Providers of domestic violence prevention/treatment services
7%
38%
24%
31%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

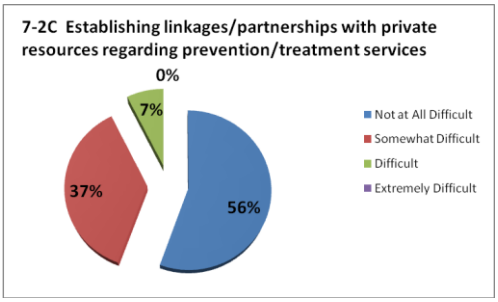

7-1E Private resources geared toward prevention/treatment (faith-based, business, foundations, shelters, etc)
4%
41%
29%
26%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

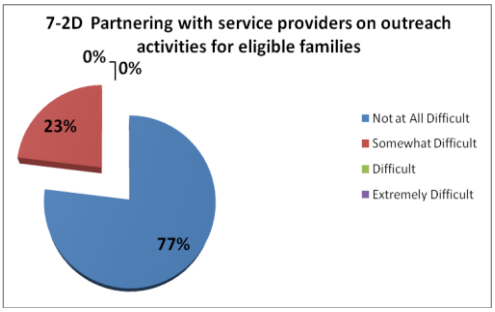

7-1F Providers of emergency services (e.g. Red Cross, state agency for large scale emergency plans)
4%
41%
33%
22%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

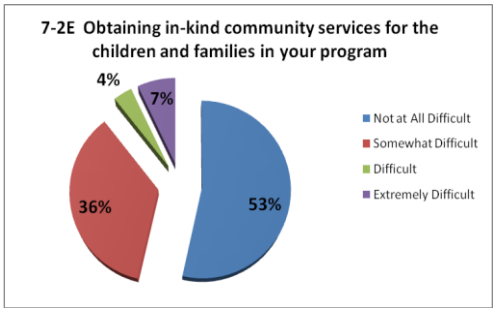

7-1G Providers of services to military families
4%
35%
46%
15%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

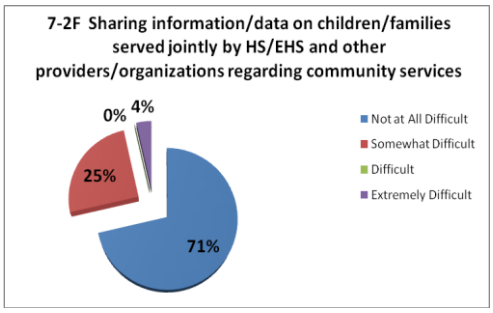

7-2A Establishing linkages/partnerships with law enforcement agencies
0%
0%
14%
86%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

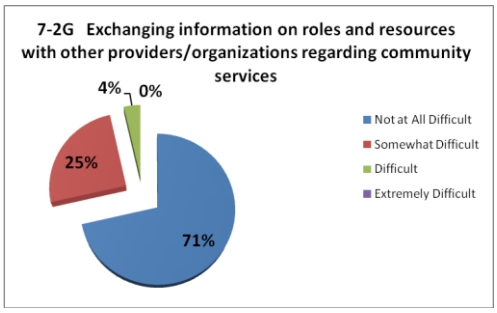

7-2B Establishing linkages/partnerships with public resources (state, county...) regarding prevention/treatment services
7%
0%
25%
68%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

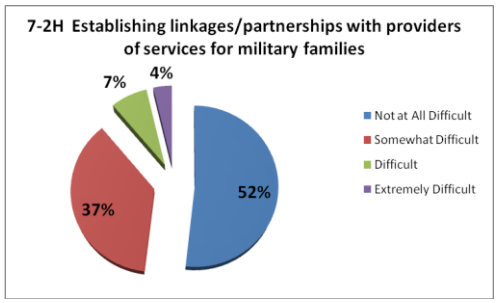

7-2C Establishing linkages/partnerships with private resources regarding prevention/treatment services
0%
7%
37%
56%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult











7-3. Please describe any other issues you may have regarding community services for the families in your program?

- Obtaining and maintaining treatment for substance abuse and mental illness is difficult; parents are afraid to disclose information on these issues because they fear that they will be investigated by DFCS and that their children will be removed from their custody (this is a real fear); Partnering with service providers on outreach activities and exchanging information on roles and resources is difficult because each partner has its own requirements, its own policies, its own priorities; agencies do not readily share their budgets, personnel, or other resources. Leadership and considerable capital is needed from each sector within the community to identify gaps and develop plans that align budgets, personnel and other resources toward systems changes, policy reforms and common goals. In order for this level of planning to continue occurring in Clarke

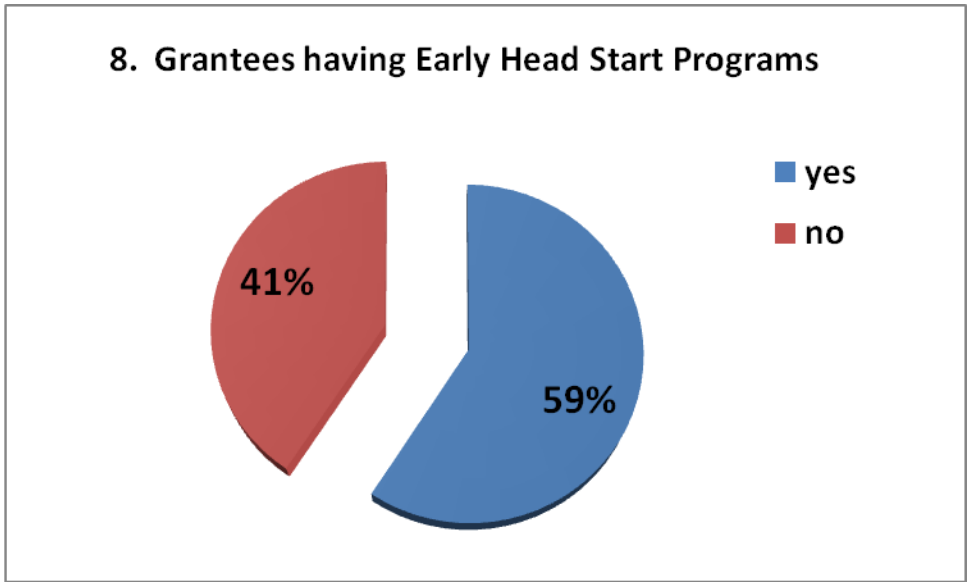
County at the current intensity level, funds are needed to sustain planning efforts. The Promise Neighborhood planning grant, called Whatever It Takes, ends in December 2011 and if the implementation funds are not received, then the needs identified will go unaddressed. Families in our community are in terrible crisis. The need for services outweighs available resources and the infrastructure of the community is not able to handle the demand. Homeless shelters are closing, food banks cannot meet the demands, state agencies cannot replace workers because funds are frozen, budgets continue to be reduced.

- Difficulty generating in-kind, community perspective of the population we serve, lack of knowledge of the services we provide.
- Getting the communities to learn about the services that HS/EHS provide.
- It's difficult to get other agencies to share information, even with signed release forms.

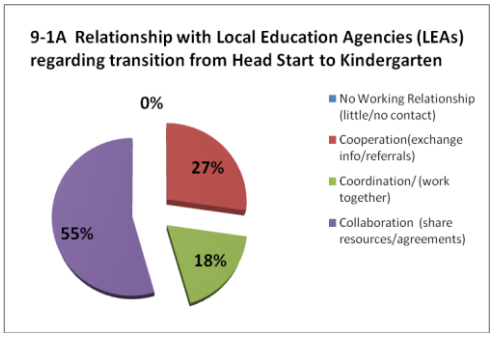
7-4. What is working well in your efforts to address the community service needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

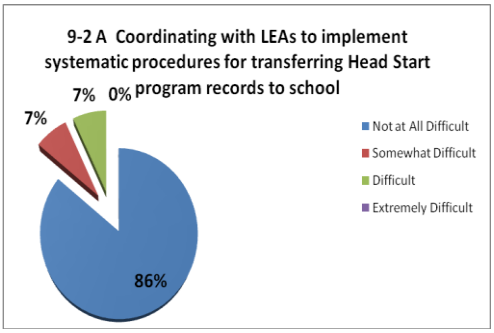
- The local Athens-Clarke County Family Connection was awarded a Promise Neighborhood grant that has allowed our community to engage in true community-wide needs assessment and strategic planning. This Promise Neighborhood planning grant is being administered by Family Connection-Communities in Schools and is being implemented by more than 90 Family Connection partners.
- Continuing education of the community regarding Migrant Head Start and the necessity for in-kind donations.
- We have strong resoures and linkage with like community agencies.
- Communication between agencies.
- We have MOUs with health departments and income based clinics to provide services at reduced costs.
- Teachers remain closely in tune with family situations. Family Advocates maintain close working relationships with community service agencies.
- Community support and engagement. Sharing of the program annual report to enhance knowledge of the services that we provide.

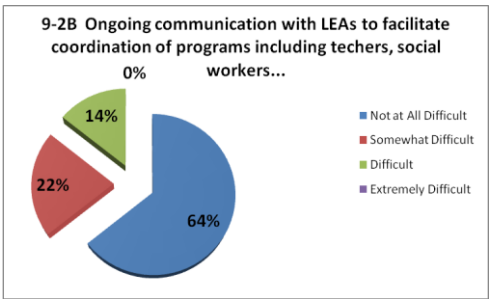
8. Education (School Reading, Head Start-Pre-K Partnership Development

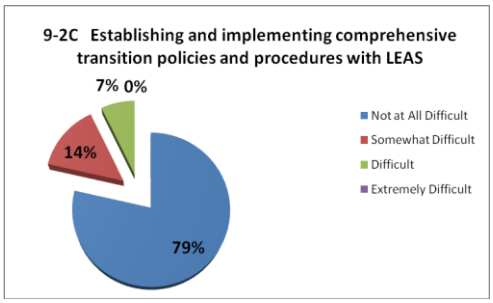


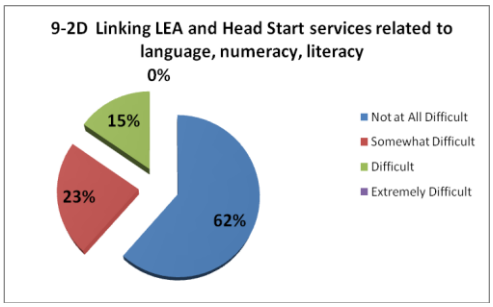
9. School Transitions and Alignment

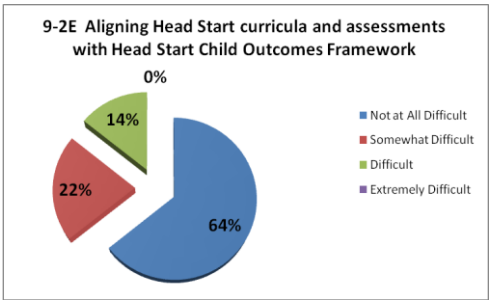


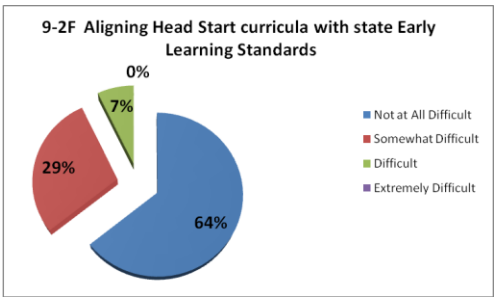


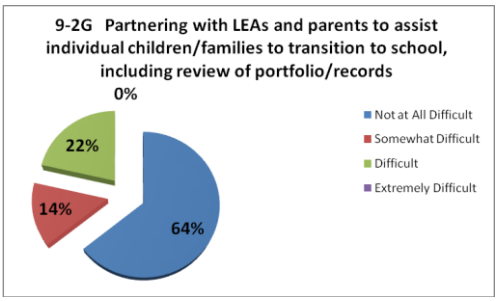


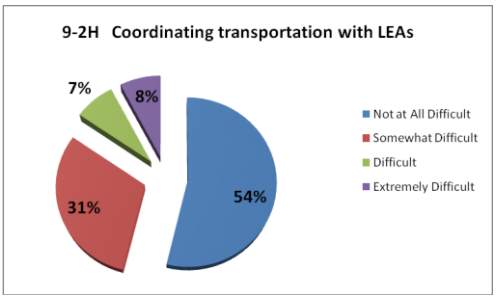


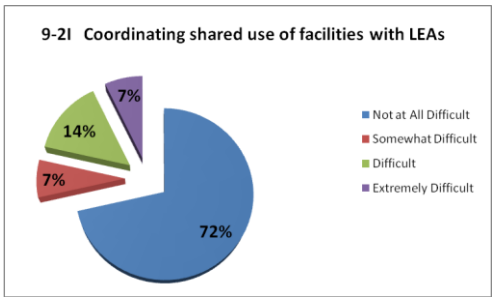

9-2D Linking LEA and Head Start services related to language, numeracy, literacy
0%
15%
23%
62%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

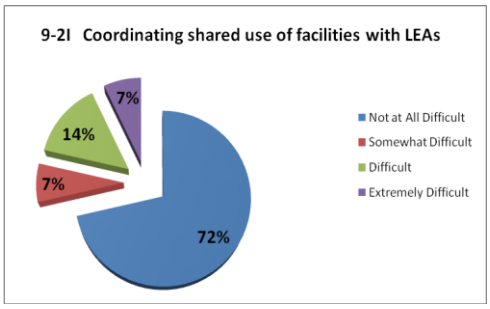

9-2E Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework
0%
14%
22%
64%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

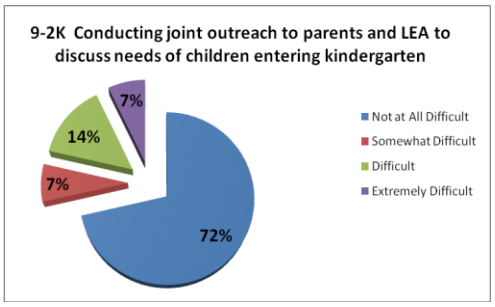

9-2F Aligning Head Start curricula with state Early Learning Standards
0%
7%
29%
64%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

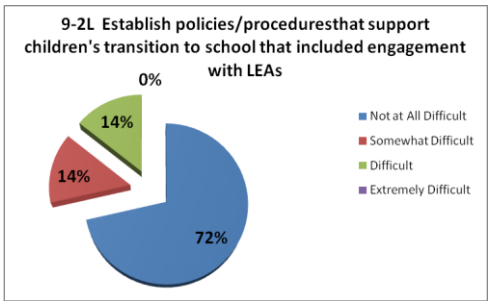

9-2G Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records
0%
22%
14%
64%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

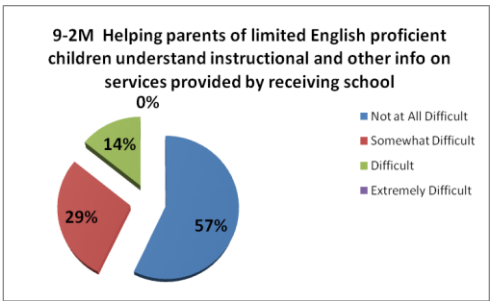

9-2H Coordinating transportation with LEAs
7%
8%
31%
54%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

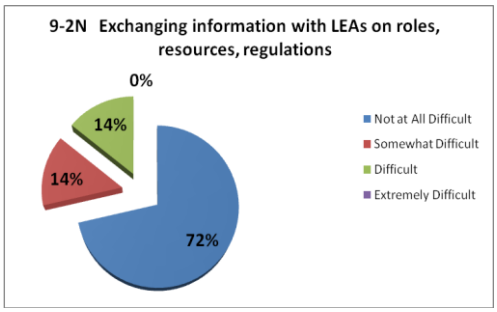

9-2I Coordinating shared use of facilities with LEAs
7%
14%
7%
72%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

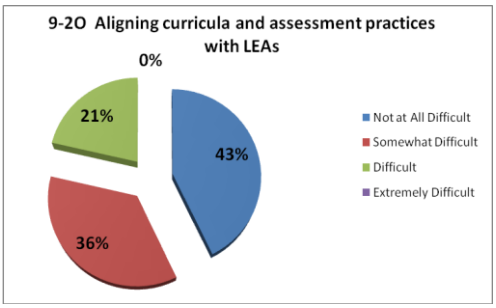

9-2I Coordinating shared use of facilities with LEAs
7%
14%
7%
72%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult

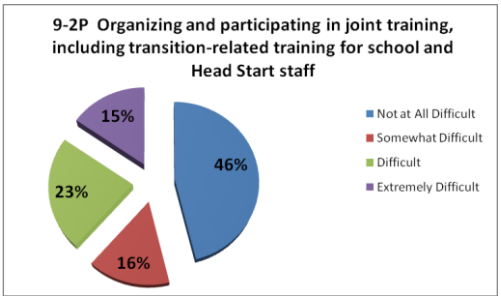

9-2K Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten
7%
14%
7%
72%
Not at All Difficult
Somewhat Difficult
Difficult
Extremely Difficult











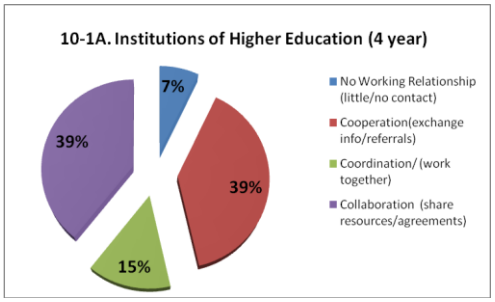
9.3 Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program.

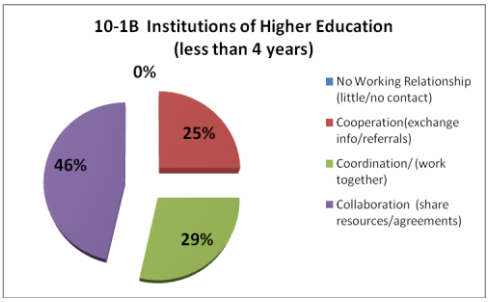
- LEA's do not delegate sufficient time to HS needs, i.e., MOU's, Agrements, Partnerships, etc.
- Migrant Head Start calendar does not coincide with the school system's calendar, the curriculum for Migrant Head Start and school system is different.
- Changing public view of Head Start as a "social services" program to one of academic preparedness for children and families.

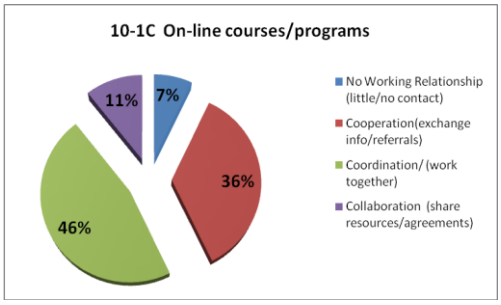
9.4 In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

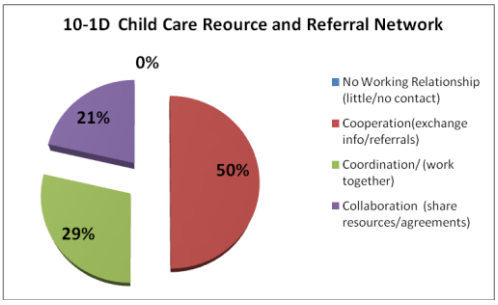
- The grantee is the LEA; Three year old Head Start classrooms are housed in the elementary schools; Some of the three-year-old classrooms are preschool special education collaborative Head Start classrooms.
- Doing activities with the children makes the transition to public school easier, the teachers conducted a transition training at the parent meeting, and activities in Spanish were sent home with children for parents to teach children at home.
- Collaborate meeting for teachers and staff with Primary School staff.
- Regular meetings between Head Start and the local school system.
- "Crayon Pals" project involves our staff and LEA staff, children and families in ongoing conversastions with each other.
- Attending Pre -K collaboration meeting to receive information as pertains to transition to kindergarten.

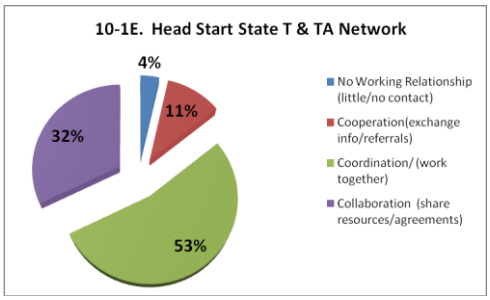
10. Professional Development

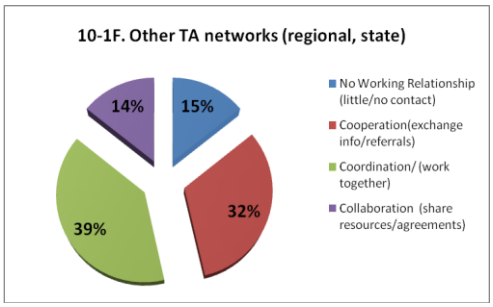


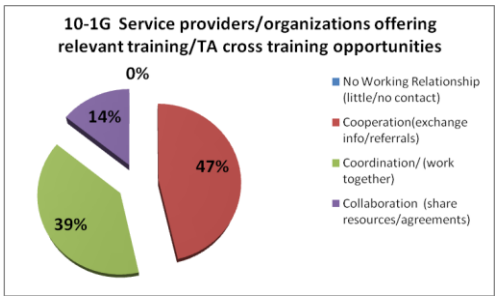


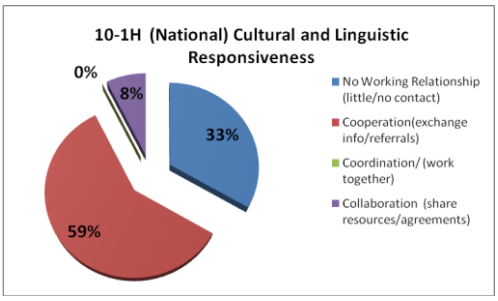


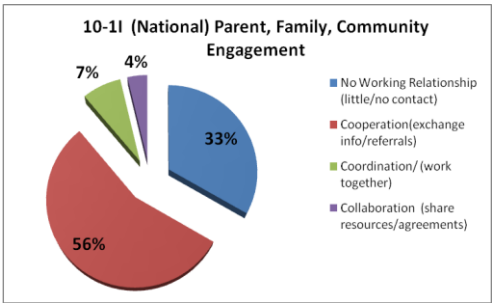


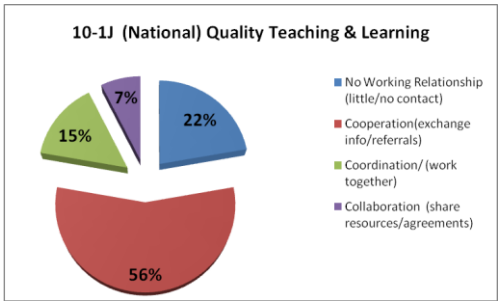

10-1E. Head Start State T & TA Network
4%
11%
32%
53%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

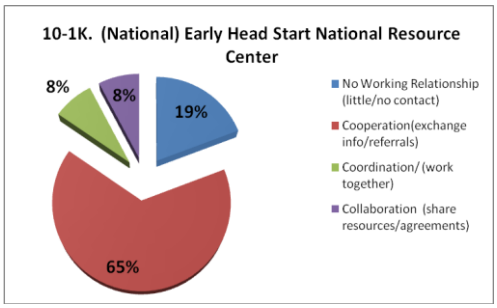

10-1F. Other TA networks (regional, state)
14%
15%
39%
32%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

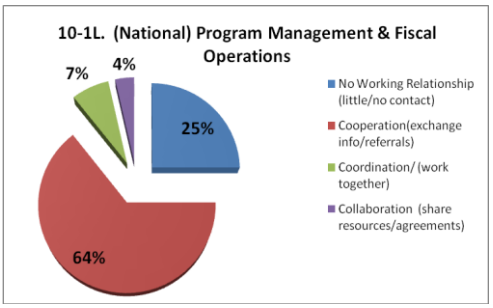

10-1G Service providers/organizations offering relevant training/TA cross training opportunities
0%
14%
47%
39%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

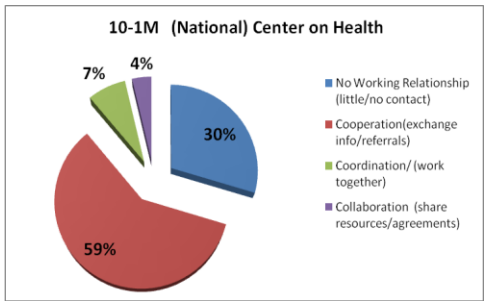

10-1H (National) Cultural and Linguistic Responsiveness
0%
8%
33%
59%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

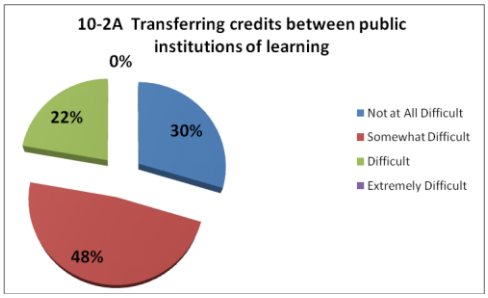

10-1I (National) Parent, Family, Community Engagement
7%
4%
33%
56%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

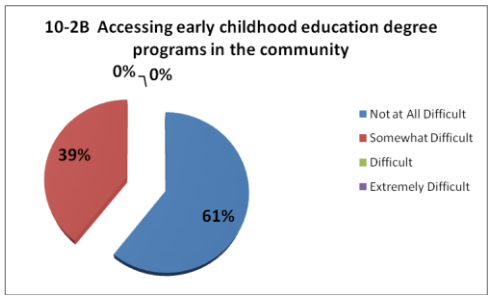

10-1J (National) Quality Teaching & Learning
7%
15%
22%
56%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

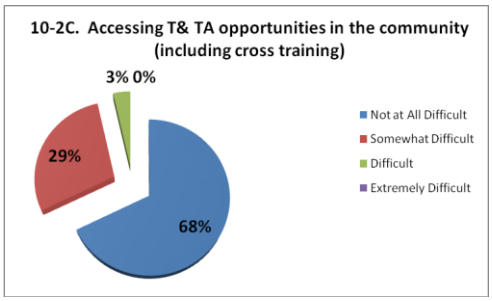

10-1K. (National) Early Head Start National Resource Center
8%
8%
19%
65%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

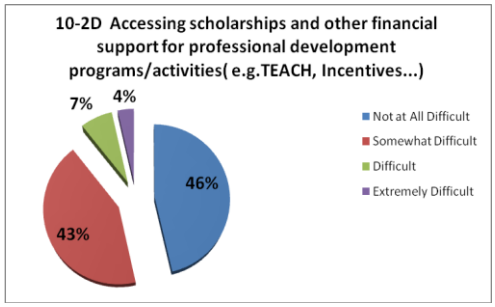

10-1L. (National) Program Management & Fiscal Operations
7%
4%
25%
64%
No Working Relationship (little/no contact)
Cooperation(exchange info/referrals)
Coordination/ (work together)
Collaboration (share resources/agreements)

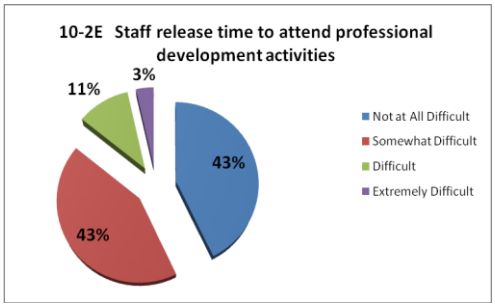


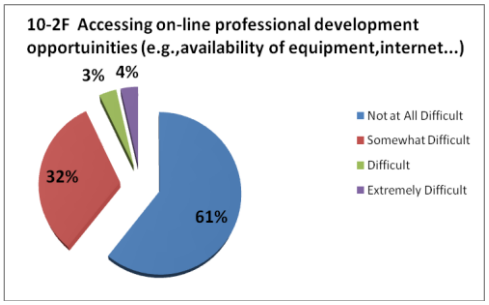


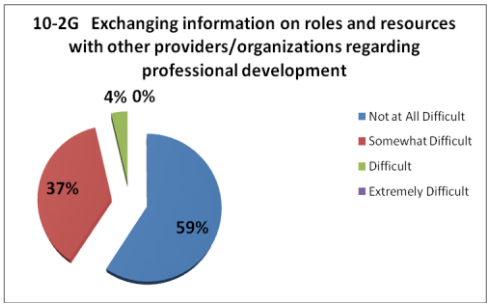












10.3 Please describe any other issues you may have regarding professional development activities and resources.

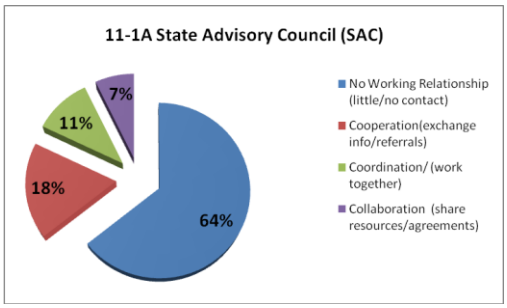
- 42.3) Technical College ECE courses cannot be transferred to UGA; Need to address articulation agreements between technical colleges and universities;

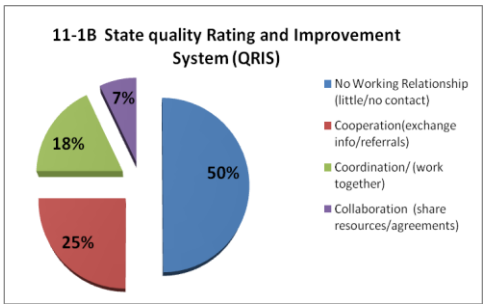
- Difficulty covering hours teachers receive for attending school, retention of staff with degrees due to seasonal staff, difficult for bilingual staff due to lack of institutions who do not provide Spanish curriculum, difficulty for teaching staff to attend school to obtain four-year-degree and maintain employment.
- Some of the areas in this session could be viewed as information sharing/agreement only, but in our case agreements are developed and implemented as needed to obtain service at that particular time. Some things might present a difficulty, but it happens only when a transition in an agency take place. Then communicating and dialogue must be shared to bring about an agreement between both parties. Not an issue, but a concern. Some funding might not be applicable to our teachers due to licensing(state can't license state)
- Difficulty getting scholarships or assistance for 4 year degrees that won't require a loan taking years to repay.
- Meeting all of the mandates of required training in addition to professional development to improve staff skills and expertise. Most of the time available to staff is consumed with the required training, forcing release time for any other training. The logistics and costs of release time almost make redelivery of critical training to remaining staff impossible.

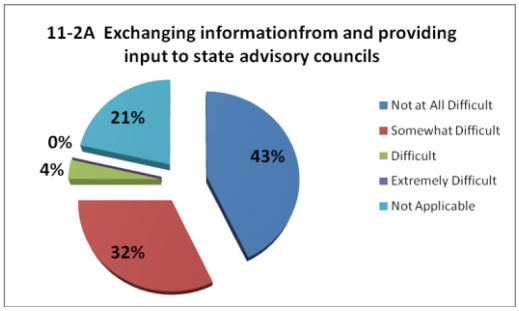
10.4 What is working well in your efforts to address the professional development needs of your staff? Which of these efforts do you think may be helpful to other programs?

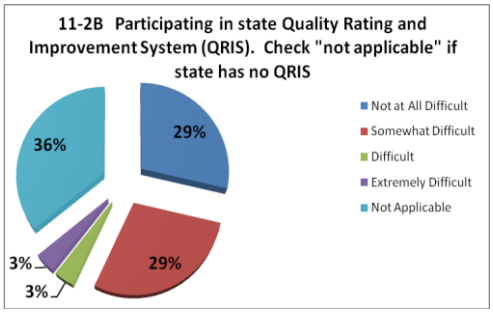
- The Office of Early Learning has been designated as a Professional Development School; UGA Birth to Five classes are taught in the Office of Early Learning; UGA access EHS, HS, Preschool Special Ed, and Pre-K classrooms and personnel to help prepare UGA students to teach in those programs; when college students graduate, they are fully prepared; the grant programs receive services from the students; the students are trained to conduct screenings and assessments and assist program staff in implementing requirements.
- Collaborative partnerships with 2 and 4 year institutions.
- Career Development in place, CCEI provide hours for teachers to obtain their CDA, and incentives are available for staff enrolled/attending school.
- Development of the GHSA State Professional Development Plan.
- Our Program utilized an online database for professional development, in additional to the certified trainers we have on staff.
- Have two DECAL approved trainers on staff. The agency is approved to issue CEU credits for training that meets criteria.
- Location of colleges and on-line accredited colleges.

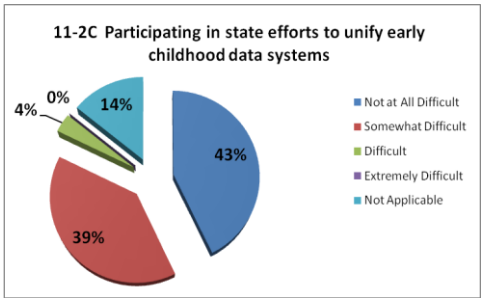
11. Early Childhood Systems











11.3 Please describe any other issues you may have regarding partnerships with early childhood systems efforts in your state.

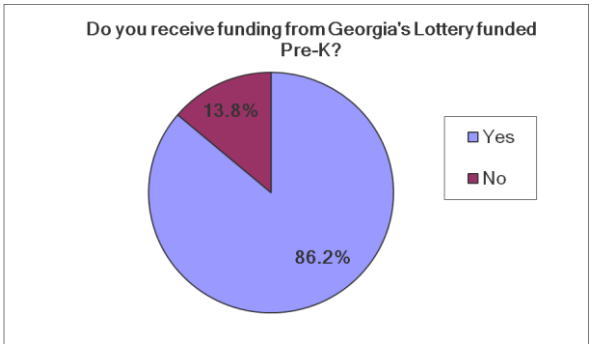
- The Office of Early Learning has not been asked to participate in QRIS.
- Difficulty coordinating with the local school system's training schedule.

11.4 What is working well in your efforts to partner with early childhood systems initiatives in your state? Which of these efforts do you think may be helpful to other programs?

- Our Program has a written agreement with Mercer University which allows their students to complete their student teaching requirements at our centers**.**
- The Office of Early Learning participates on the state literacy team. The Office of Early Learning Director, Dr. Shelley Goodman, chairs the local Promise Neighborhood Early Learning Strategic Action Team which coordinates early learning services for the county.
- Developing relationships through personal visits with local LEAs, educating local LEAs on Migrant Head Start Program.
- We continue to be actively involved with public policy advocacy groups so that we're a part of the decision-making on efforts that affect our program and the families we serve.
- Collaboration with state Pre-K.
- Community Collaborative with local private providers.

12. Head Start/Georgia Pre-K Blended Programs

This section was an attempt to retrieve data on blended Head Start/Georgia Pre-K programs. Not all agencies responded to the question. Data will need to be retrieved through different means. Most Georgia Head Start agencies receive funding for Georgia Pre-K and most all of those children are eligible for Head Start.



What are the benefits of blending Head Start and Pre-K?

- Transitioning the children into Kindergarten
- The benefits are that wrap around services are provided to children enrolled in our blended class.

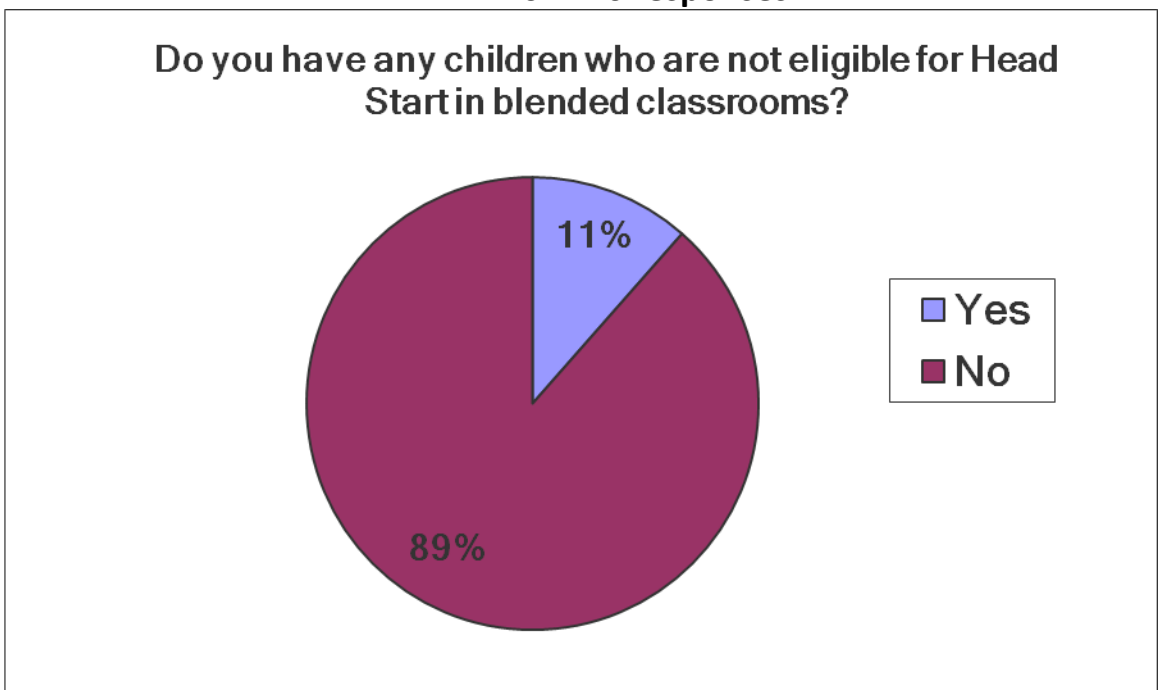
- The children are able to receive services beyond the scope of the Pre-K classrooms; Children can access health and family services resources that they would not be able to access if they were in a regular pre-k program.
- Funding, school readiness, trainings, collaboration.
- Sharing Resources; serving more at risk children.
- We are able to provided extended services to families. We are also able to expand our resources and maintain staffing and enrollment.
- Comprehensive Services to all children; extending to full day services; fiscal.
- Children are able to receive more comprehensive services, staff receive more specialized professional development and cost are off-set.
- The main benefit is the blending of funds which assists with the Head Start budget.
- The benefits from blending the two programs has allow this program to increase enrollment.
- Shared funding; additional training resources; monitoring to ensure quality; etc.
- Providing additional benefits to HS eligible children.
- Better coordination of services and improves agency funding source - stretches the dollar.
- Children receive additional services and benefits.
- The children benefite from wrap around services from both programs.
- It's creates a more collective pre-school effort in the state.
- The ability to serve children for more days per year than the minimum.
  The ability to serve children for full day services.
  The ability to share professional development and training resources.
  The ability to heterogeneously group children from all over the community.
- maximization of resources which providing enhanced supports.
- Off setting the payroll of teachers with bachelors degree's.
- Full utilization of funding.
- Quality services from both programs that prepare children for Kindergarten.

What are the challenges in blending Head Start and Pre-K programs?

- Attendance requirements, part-day verses full day.
- Additional Head Start expansion funding is needed to provide comprehensive services to pre-k children who are at high risk for not entering Kindergarten ready. The Pre-K Content Standards are not aligned with the HS Outcomes Framework.
- Screening tool
- Competition between the Migrant Head Start program and the public school systems.
- Keeping Pre-K guidelines aligned with HS Performance Standards.
- Having two different sets of guidelines/processes. This at times is overwhelming for staff and administration.
- Different reporting requirements.

- Additional paperwork for staff. Difference requirements and regulations.
- Meeting conflicting requirements.
- None.
- The assessment system for Pre-K does not meet Head Start regulations.
- None.
- Re- creating the same documents for each program.
- Cost Allocation planning.
  Monitoring services provided to children to be sure that funds are used for the appropriate program (children/staff).
  Child Outcomes and PK Content Standards Alignment.
  Parent confusion about the similarities and differences between HS and PK.
  Variations in student performance data reporting cycles and keeping separate records and portfolio systems.
- Another separate monitoring system.
- The restrictions of how funds can be utilized makes it difficult and requires additional work on part of the provider to track funds. There should be some "allowances" on the PreK Recon form when funds are blended.
- N/A

How many four year olds (TOTAL) are in Head Start/Pre-K blended classrooms?
2719 (26 responses)
How many Head Start four year olds are in blended Head Startand Pre K classes?
2720 in 26 responses

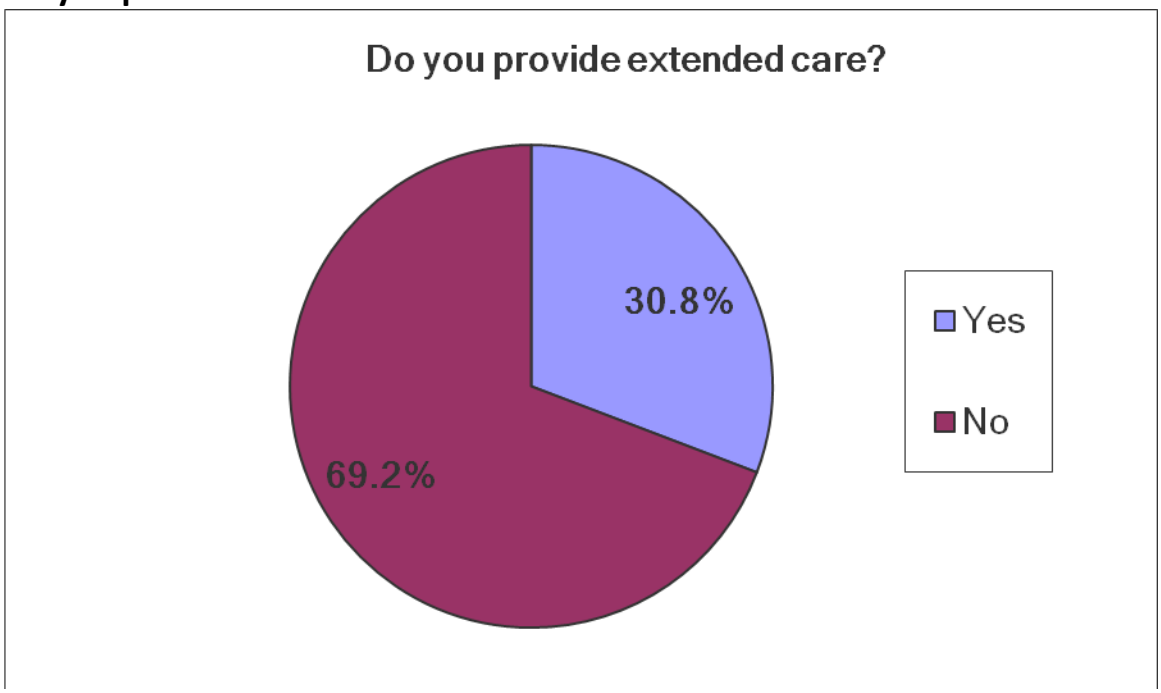


If the answer to the above question was yes, how many children NOT ELIGIBLE for Head Start? 47

What is the current number of Georgia Pre-K slots for 2011-12? (Include all children funded by Pre-K). 5956

How many 3 year olds did you serve last school year (2010-2011)?
9,892 /27 responses
How many 3 year olds are you serving this school year (2011-2012)?
9,772 /27 responses

Do you provide extended care?



If yes, do you provide extended care before or after the instructional day? Nine programs responded. All nine provide both Before and after care.
Before
After
Both 9

If yes to the above question, how many children do you serve in extended care?
815 in 9 programs

Additional issues/comments

- None
- N/A

Appendix 1

Survey

1. Date survey was completed:
2. Type of Agency (Please check one)
3. Services (Please Check one)
4. Agency Information:

MM DD YYYY
Date: / /
Name of Agency:
Address:
City/Town:
State:
ZIP:
Country:
Phone Number:
Grantee
Delegate
Both
Head Start
Early Head Start
Both
Page 2

5. Contact information for person submitting this survey for Grantee or Delegate Agency:

Name:
Title:
Address:
City/Town:
State:
ZIP:
Country:
Email Address:
Phone Number:
Page 3

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start & Early Head Start grantees and delegate agencies in the State in the areas
of coordination, collaboration alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Development & Early Learning Framework and, as appropriate, State Early Learning Standards.

The Head Start Act also requires the HSSCOs to use the results of the needs assessment to develop a strategic plan outlining how they will assist and support Head Start/Early Head Start grantees and delegates in meeting the requirements of the Head Start Act for coordination, collaboration, transition to elementary school and alignment with K12 education. HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public within the State.

The purpose of gathering this information is to identify your needs in the specified areas and inform the activities of the annually revised strategic plan for the Head Start State Collaboration Office in your state. This information can also be used to inform Head Start Grantees' and delegates' program improvement at the local/grantee levels and supports them in meeting Head Start Performance Standards and other federal regulations.
This needs assessment survey is organized around the Federal priority areas for the HSSCOs. These priority areas include:
1. Health Services
2. Services for Children Experiencing Homelessness
3. Welfare//Child Welfare
4. Child Care
5. Family Literacy
6. Services for Children with Disabilities
7. Community Services
8. Education (School Readiness, Head Start – Pre-K Partnership Development)
9. School Transitions and Alignment with K12
10. Professional Development
11. Early Childhood Systems Development
And in Georgia we have added
12. Head Start/Pre-K Blended Programs

Page 4

The survey includes three parts for each area indicated above.
Part 1 asks you to rate the extent of your involvement with various service providers/organizations related to the content area. This part uses the following 4point
Likert scale and definitions to reflect your progress in relationship building
At this point in time:
No Working Relationship *(little / no contact)*
Cooperation *(exchange info / referrals)*
Coordination *(work together)*
Collaboration *(share resources / agreements)*

Definitions:
No working relationship. You have little or no contact with each other (i.e.; you do not: make/receive referrals, work together on projects/activities, share information, etc.
Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.
Coordination. You work together on projects or activities. Examples: Parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: Cofunded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult". The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to support the delivery of quality education and -ended questions at the end of each section of the survey instrument. The first will give you the opportunity to document any remaining concerns that were not covered in the survey. The second question gives you the opportunity to document what is working well in your program, and to indicate if any of these successful strategies/activities may be helpful to other programs.

Your Head Start State Collaboration Director will aggregate the survey findings from all Head Start/Early Head Start and delegate agencies in your state and then compile a report that will be forwarded to the Federal and Regional Office of Head Start. Results will also be made available to you and to the general public.
Thank you for taking the time to reflect on the coordination and collaboration challenges and accomplishments in your program(s). The cumulative findings from this needs assessment survey will assist your collaboration director to support your program needs in the collaboration and systems development work in your state. Our shared goal is to support and promote your success in serving our children and families.

Page 5

Page 6

6. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.
Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.
Note: "Medical and Dental Home" means comprehensive, coordinated care and not just access to a doctor or dentist, particularly for onetime exams.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Medical home* providers	○	○	○	○

B. Dental home* providers for treatment & care

C. State agency(ies) providing mental health prevention and treatment services

D. Local and/or Tribal agencies providing mental health prevention and treatment

E. Agencies/programs that conduct mental health screenings

F. WIC (Women, Infants Children)

G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, USDA, etc.)

H. Children's health education providers (e.g., resource & referral, other community-based training providers)

I. Parent health education providers

J. Homevisiting programs and services

K. Community and/or Tribal Health Centers

L. Public health services

M. Programs/services related to children's physical fitness and obesity prevention

Page 7

7. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

8. 3. Please describe any other issues you may have regarding health care for the children and families in your program.

9. 4. What is working well in your efforts to address the health care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

Not at All Difficult Somewhat Difficult Difficult Extremely Difficult

A. Linking children to medical homes

B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)

C. Linking children to dental homes that serve young children

D. Partnering with oral health professionals on oral health-related issues (e.g., hygiene, education, etc.)

E. Getting children enrolled in CHIP or Medicaid

F. Arranging coordinated services for children with special health care needs

G. Assisting parents to communicate effectively with medical/dental providers

H. Assisting families to get transportation to appointments

I. Getting full representation and active commitment on your Health Advisory Committee

J. Obtaining data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, homevisit reports,
etc.)

K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care

Page 8

10. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one.
Note: If you have different relationships with different providers/organizations in acategory, check the option that ***best describes*** your relationship with ***most*** of them.

No Working Relationship (little/no contact)
Cooperation (exchange info/referrals)
Coordination (work together)
Collaboration (share resources/agreements)
Not Applicable:

A. Local McKinney-Vento homeless liaison (public school, community services)

B. Local housing agencies and planning groups serving families experiencing homelessness (e.g., shelters, Ten Year Plan to End Homelessness committees)

C. School district Title I Director (if applicable, and if Title I funds are being used to support early care and education programs for children experiencing homelessness) *

Page 9

11. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.
*Note: Title I funded preschool programs must follow the Head Start Performance Standards
12. Comments:
13. 3. Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.
14. 4. What is working well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness? Which of these efforts do you think may be helpful to other programs?

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	○	○	○	○
B. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	○	○	○	○
C. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	○	○	○	○
D. Engaging community partners, including the local McKinneyVento Homeless Liaison, in conducting staff cross training and planning activities	○	○	○	○
E. In coordination with LEA, developing and implementing family outreach and support efforts under McKinneyVento and transition planning for children experiencing homelessness	○	○	○	○

Page 10

15. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.
Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.
*State Children's Trust & Prevention Fund (supports strategies/programs that prevent

child abuse and neglect via grants, training, services, etc.)

No Working Relationship (little/no contact)
Cooperation (exchange info/referrals)
Coordination (work together)
Collaboration (share resources/agreements)

A. Local Temporary Assistance for Needy Families Services (TANF)
B. Employment & Training and Labor services agencies
C. Economic and Community Development Councils
D. Local/County Child Welfare agency (e.g., child protective services)
E. State Child Welfare Agency
F. State Children's Trust agency*
G. Services and networks supporting foster and adoptive families

Page 11

16. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.
17. 3. Please describe any other issues you may have regarding the welfare/child welfare (family/child assistance) needs of the children and families in your program.
18. 4. What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program? Which of these efforts do you think may be helpful to other programs?

Not at All Difficult Somewhat Difficult Difficult Extremely Difficult

A. Obtaining information and data for community assessment and planning
B. Working together with TANF, Employment and Training, and related support services to recruit families
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment
D. Facilitating shared training and technical assistance opportunities
E. Getting involved in state level planning and policy development
F. Exchanging information on roles &

resources with other service providers regarding family/child assistance services

Page 12

19. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.
Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.
20. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

No Working Relationship (little/no contact)
Cooperation (exchange info/referrals)
Coordination (work together)
Collaboration (share resources/agreements)

A. State agency for Child Care (HHS)
B. Tribal Child Care (if applicable)
C. Child Care Resource & Referral agencies
D. Local child care programs to support access to full day, full year services
E. State or regional policy/planning committees that address child care issues
F. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)

Not at All Difficult Somewhat Difficult Difficult Extremely Difficult

A. Establishing linkages/partnerships with child care providers
B. Assisting families to access full-day, Full year services
C. Capacity to blend or braid, HS and child care funds to provide full day, full year services
D. Aligning policies and practices with other service providers
E. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)

F. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment

Page 13

21. 3. Please describe any other issues you may have regarding access to child care services and resources.

22. 4. What is working well in your efforts to address the child care needs of the children in your programs?

Page 14

23. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.

Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. State or local family literacy programs				
B. Employment and Training programs				
C. Adult Education				
D. English Language Learner programs & services				
E. Services to promote parent/child literacy interactions				
F. Parent education programs/services				
G. Public libraries				
H. School libraries				
I. Public/private sources that provide book donations or funding for books				
J. Museums				
K. Reading Readiness programs				
L. Higher education programs/services/				

resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)

M. Providers of services for children and families who are English language learners (ELL)

Page 15

24. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

25. 3. Please describe any other issues you may have regarding family literacy services and resources.

26. 4. What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

Not at All Difficult Somewhat Difficult Difficult Extremely Difficult

A. Incorporating family literacy into your program policies and practices

B. Educating others (e.g., parents, the community) about the importance of family literacy

C. Establishing linkages/partnerships with key literacy providers (libraries, literacy council, foundations, community colleges)

D. Securing family participation in family literacy services, as available

E. Exchanging information with other providers/organizations regarding roles and resources related to family literacy

Page 16

27. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.

Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.

No Working Relationship (little/no

contact)
Cooperation (exchange info/referrals)
Coordination (work together)
Collaboration (share resources/agreements)
A. State Lead Agency for Part B/619 (preschool special education)
B. Local Part B/619 (preschool special education) providers
C. State Education Agency—other programs/services (e.g., Section 504 of Rehabilitation Act, state improvement grants, state Response to Intervention)
D. Tribal Education Agency (if applicable)
E. State Lead Agency for Part C (early intervention)
F. Bureau of Indian Education FACE program.
G. Local Part C providers (early intervention)
H. Other Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)
I. Other State-funded programs for children with disabilities and their families (e.g., developmental services agencies)
J. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)
K. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)

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28. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

29. 3. Please describe any other issues you may have regarding services for children with disabilities and their families.

30. 4. What is working well in your efforts to address the needs of children with disabilities in your program? Which of these efforts do you think may be helpful to other programs?

Not at All Difficult Somewhat Difficult Difficult Extremely Difficult

A. Obtaining timely Part C (early intervention) evaluations of children (i.e., within 60 days of when referral is made)

B. Obtaining timely Part B/619 (preschool special education) evaluations of children

C. Having HS/EHS staff attend IEP or IFSP meetings

D. Coordinating services with Part C providers

E. Supporting the referral process to Part C providers/agencies for children identified under CAPTA (Child Abuse Prevention & Treatment Act)

F. Coordinating services with Part B/619 providers

G. Sharing data/information on jointly served children (assessments, outcomes, etc.)

H. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families

I. Applying for SSI and/or Waiver Programs (for children and families with disabilities)

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31. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.

Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.

No Working Relationship (little/no contact)
Cooperation (exchange info/referrals)
Coordination (work together)
Collaboration (share resources/agreements)

A. Law Enforcement

B. Providers of substance abuse prevention/treatment services

C. Providers of child abuse prevention/treatment services

D. Providers of domestic violence prevention/treatment services

E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc.)

F. Providers of emergency services (e.g., Red Cross, state agency responsible for Large scale emergency plans)

G. Providers of services to military families

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32. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

33. 3. Please describe any other issues you may have regarding community services for the families in your program.

34. 4. What is working well in your efforts to address the community services needs of the families in your program?

Which of these efforts do you think may be helpful to other programs?

Not at All Difficult Somewhat Difficult Difficult Extremely Difficult

A. Establishing linkages/partnerships with law enforcement agencies

B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services

C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services

D. Partnering with service providers on outreach activities for eligible families

E. Obtaining in-kind community services for the children/families in your program

F. Sharing data/information on children/families served jointly by HS/EHS and other agencies re: prevention/treatment services

G. Exchanging information on roles and resources with other providers/ organizations regarding community services

H. Establishing linkages/partnerships with providers of services to military families

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35. If Early Head Start program: check Yes.

Yes
No

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36. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations at ***this point in time.*** Check one rating for each.
Note: If you have different relationships with different LEAs, check the option that ***best describes*** your relationship with ***most*** of them.

	No Working Relationship *(little/no contact?*	Cooperation *(exchange info/referrals)*	Coordination *(work together)*	Collaboration *(share resources/agreements)*
A. Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten.				

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37. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school				
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)				
C. Establishing and implementing comprehensive transition policies and procedures with LEAs				

D. Linking LEA and Head Start services relating to language, numeracy and literacy

E. Aligning Head Start curricula and assessments with Head Start Child Outcomes Framework

F. Aligning Head Start curricula with state Early Learning Standards

G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records

H. Coordinating transportation with LEAs

I. Coordinating shared use of facilities with LEAs

J. Coordinating with LEAs regarding other support services for children and families

K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten

L. Establish policies and procedures that support children's transition to school that includes engagement with LEA

M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.

N. Exchanging information with LEAs on roles, resources and regulations

O. Aligning curricula and assessment practices with LEAs

P. Organizing and participating in joint training, including transition-related training
for school staff and Head Start staff

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38. 3. Please describe any other issues you may have regarding Head Start transition and alignment with K12 for the children and families in your program.

39. 4. In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which do you think may be helpful to other programs?

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40. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.
Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.

	No Working Relationship *(little / no contact)*	Cooperation *(exchange info / referrals)*	Coordination *(work together)*	Collaboration *(share resources / agreements)*
A. Institutions of Higher Education (4 year)	○	○	○	○
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	○	○	○	○
C. Online courses/programs	○	○	○	○
D. Child Care Resource & Referral Network	○	○	○	○
E. Head Start State T & TA Network	○	○	○	○
F. Other T & TA networks (regional, state)	○	○	○	○
G. Service providers/organizations offering relevant training/TA cross-training opportunities	○	○	○	○
H. (National) Cultural & Linguistic Responsiveness	○	○	○	○
I. (National) Parent, Family & Community Engagement	○	○	○	○
J. (National) Quality Teaching & Learning	○	○	○	○
K. (National) Early Head Start National Resource Center	○	○	○	○
L. (National) Program Management & Fiscal Operations	○	○	○	○
M. (National) Center on Health	○	○	○	○

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41. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.
42. 3. Please describe any other issues you may have regarding professional development activities and resources.

43. 4. What is working well in your efforts to address the professional development needs of your staff? Which of these efforts do you think may be helpful to other programs?

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Transferring credits between public institutions of learning				
B. Accessing early childhood education degree programs in the community				
C. Accessing T & TA opportunities in the community (including cross-training)				
D. Accessing scholarships and other financial support for professional development programs/activities (e.g., T.E.A.C.H. Early Childhood®, Scholarships, Incentives)				
E. Staff release time to attend professional development activities				
F. Accessing online professional development opportunities (e.g., availability of equipment, internet connection, etc.)				
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development				

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44. 1. Using the definitions on pages 2 and 3, please rate the ***extent of your involvement*** with each of the following service providers/organizations ***at this point in time.*** Check one rating for each.

Note: If you have different relationships with different providers/organizations in a category, check the option that ***best describes*** your relationship with ***most*** of them.

45. 2. Please indicate the ***extent to which each of the following was difficult*** at this point in time. Select one rating for each item.

46. 3. Please describe any other issues you may have regarding partnerships with early childhood systems efforts in your state.

47. 4. What is working well in your efforts to partner with early childhood systems initiatives in your state? Areas? Which of these efforts do you think may be helpful to other programs?

No Working Relationship *(little/no contact)* | Cooperation *(exchange info/referrals)* | Coordination *(work together)* | Collaboration *(share resources/ agreements)*

A. SAC (State Advisory Council, State Early Learning Council)

B. State Quality Rating & Improvement System (QRIS)

C. State efforts to unify early childhood data systems (e.g., child/family/ program assessment data)

Not at All Difficult | Somewhat Difficult | Difficult | Extremely Difficult | Not Applicable

A. Exchanging information from and providing input to state advisory councils

B. Participating in state Quality Rating and Improvement System (QRIS) (Check "not applicable" if state has no QRIS)

C. Participating in state efforts to unify early childhood data systems

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All of the questions below refer to the Georgia Lottery funded Pre-K program. Do not count children who are on your waiting list in any of the questions below.

48. Do you receive funding from Georgia's Lottery funded Pre-K?
49. What are the benefits of blending Head Start and Pre-K?
50. What are the challenges in blending Head Start and Pre-K?
51. How many 4 year olds (total) are in Head Start/Pre-K blended classrooms?
52. How many Head Start 4 year olds are in blended Head Start and Pre-K classrooms?
53. Do you have any children who are not eligible for Head Start in blended classrooms?

number of 4 year olds:
Number of Head Start 4 year olds:
Yes
No
Yes
No
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54. If you answered the above question as Yes, how many children are ***NOT*** eligible for Head Start?
55. What is the total current number of Georgia Pre-K slots for 20112012?
(Include all children funded by Pre-K).
56. How many 3 year olds did you serve ***last school year*** (20102011)?
57. How many 3 year olds are you serving ***this school year*** (20112012)?
58. Do you provide extended care?
59. If yes to the above question, do you provided extended care before or after the instructional day?

Number of chidlren NOT eligible for Head Start:
Total current number of PreK slots:
Number of 3 year olds served last school year?
Number of 3 year olds served this school year:
Yes
No
Before the instructional day
After the instructional day
Both before and after the instructional day
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60. If yes to the above question, how many children do you serve in extended care?
61. Additional issues/comments:

Number served in extended care: